California Family Health Council, Inc.

Centralized Data System
Delegate Agency Operations Manual

California Family Health Council, Inc.
3600 Wilshire Boulevard, Suite 600
Los Angeles, CA 90010

CDS Assistance: E-mail CDSHelpDesk@cfhc.org or call 213/386-5614 X4552

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Table of Contents

1.0 Introduction 3

2.0 Overview of the CFHC Centralized Data System 4

3.0 CFHC and Delegate Agency Responsibilities 5

4.0 Definition of Family Planning Encounter 6

4.1 Family Planning Client Visit Record (CVR): 6
4.2 Family Planning Encounter Definition: 6

5.0 Creating Client Visit Record (CVR) Files 8

5.2 Agency Data Export File 9
5.3 Coding Guidelines 10

6.0 Submitting Client Visit Record (CVR) Files 21

6.1 File Format, Creation and Naming 21
6.2 Security Issues 22
6.3 Accessing the Centralized Data System 23
6.4 Submitting Export Files and Confirming Transmission 25

7.0 Auditing Client Visit Record (CVR) Files 29

7.1 Audit Reporting Procedures 29
7.2 On-Line Retrieval of Audit Reports 30
7.3 Interpreting Audit Reports 34
7.4 Correcting Rejected Records from CVR Export Files 38

8.0 Adding or Deleting Sites 45

9.0. CDS Reports 46

9.1 Management Reports 46
9.2 FPAR Reports (originally Family Planning Annual Report) 52
9.3 Ad Hoc Reports 55

10.0 Logout From The CDS 59

11.0 Semi-Annual Progress Report (SPR) 60

11.1 Viewing Data 60
11.2 Submission of Aggregate Data 60

12.0 Performance Measures 61

13.0 User Support 62

Appendices 63

Appendix A. Requirements of a Family Planning Encounter 64
Appendix B. HIPAA Confidentiality Agreement 65
Appendix C. FPAR Tables 69
Appendix D. Registration Form/Encounter Form Data Collection Recommendations 77

1.0 Introduction

This manual describes how to utilize the California Family Health Council's (CFHC) Centralized Data System (CDS). Through the CDS, Delegate Agency staff sends Title X family planning encounters, or Client Visit Records (CVRs), through submission of files created from an agency's own practice management system or electronic medical record system. The CVR export files are transmitted monthly or quarterly to the Centralized Data System via the secure website. Agencies may also submit separate lab files to augment the data submitted electronically and stored in CDS. Users transmit files, receive confirmations and retrieve associated audit reports online. **Users are responsible for reviewing their audit reports, correcting errors and resubmitting corrected data by the submission deadline.** Users may also access various reports on their data.

2.0 Overview of the CFHC Centralized Data System

CFHC developed and implemented a Centralized Data System to collect and securely store data about services provided to Title X clients at clinic sites throughout California. The data is used to provide information both for federally required reporting purposes, as well as for Delegate Agencies, through production of reports and access to aggregated data. CFHC and Delegate Agencies use the reports and data to better monitor services provided, to understand who is being served, and to help justify program development and funding requests for continued financial support for Title X services.

In order to collect, store, and utilize the data effectively, CFHC is responsible for maintaining the CDS and providing data management services, and for providing ongoing support to Delegate Agencies using the CDS.

The CDS collects family planning patient encounter data and laboratory data from its Delegate Agencies through electronic submission. Agencies export a file extract from their practice management systems or electronic medical record systems on a monthly or quarterly basis to CFHC. They can also provide a separate file with laboratory data either from an internal lab system or outside vendor. Agencies provide all FPAR data (required by Title X) through this electronic process. For those data fields not captured in agencies' practice management systems or not available to send electronically, the Semi-Annual Progress Report tables can accept summary and narrative data twice per year.

3.0 CFHC and Delegate Agency Responsibilities

Both CFHC and the Delegate Agencies have responsibilities to carry out so that the system functions smoothly.

CFHC is responsible for:

1. Monitoring agency file submissions to ensure that processing schedules are met;
2. Maintaining a secure database of all family planning encounter records;
3. Creating and ensuring access to Audit Reports via the website so that agencies can verify that all data has been received. Audit Reports describe errors or rejections so that agency staff can correct the problems and resubmit the records within the deadline;
4. Providing access to Management Reports;
5. Producing special reports as requested by an agency and approved by CFHC;
6. Providing CDS orientation and support to agency staff when there are questions or problems regarding how to access the CFHC website, how to transmit a file to the central database using the site, how to verify receipt of CVR Export files, how to use Audit Reports and make associated corrections to rejected records and how to run reports. Support for questions is available to agencies via telephone and e-mail;
7. Adding or deleting any sites from the system.

Delegate Agencies are responsible for:

1. Creating and uploading of accurate CVR export files and lab files following agreed upon file format;
2. Timely submission of monthly or quarterly CVR export files (all CVRs to be submitted **including error corrections** by the 25th of the following month or quarter;
3. Timely submission of lab export files;
4. Timely notification to CFHC if the Audit Report is inconsistent with the export file;
5. Timely notification to CFHC of the addition, deletion, or modification of any data codes included in the agency's submission;
6. Notification to CFHC of the addition or closure of any clinic site locations within one month of the site change status;
7. Retention of CDS trained staff and immediate notification of CDS Manager of staff change in order to arrange for training of new staff.

4.0 Definition of Family Planning Encounter

4.1 Family Planning Client Visit Record (CVR):

This is an electronic record created for each family planning encounter. Title X agencies must submit a CVR for each family planning encounter that occurs within the reporting period.

4.2 Family Planning Encounter Definition:

This is a documented, face-to-face contact between a client and health provider with the primary purpose of providing family planning services or related preventive health services. The male or female client must want to either avoid unintended pregnancy or achieve pregnancy. The service may be provided by a clinician or a non-medical provider such as a medical assistant or health educator. Females must be between the ages of 10 and 55 and males between the ages of 10 and 60. The source of payment for the service does not matter but the service must take place at a Title X service site.

Encounters include visits where a client receives follow-up medical service related to their method of contraception such as cholesterol test for an obese hormonal contraceptive user. For additional guidance on determining family planning encounters, see Appendix A.

Encounter - Create CVR	Not Encounter - Do Not Create CVR
Male partner, age 16, is counseled on condom use for STI and pregnancy prevention at agency satellite site. Counseling is documented in male's individual medical chart.	Male, age 13, receives information on condom use for STI and pregnancy prevention during a teen group session at agency auxiliary Title X site. Counseling is documented on group sign-in sheet only.
Female, age 40, who has an IUD and is complaining of heavy periods, has blood work for a Hematocrit to assess possible anemia.	Female, age 40, who uses condoms for contraception and has a history of iron deficiency anemia, has blood work for a Hematocrit to assess possible anemia.

Female, age 16, whose home pregnancy test was positive, discusses pregnancy options with agency counselor.	Female, age 14, is given a pregnancy test kit by a medical assistant but leaves before talking to agency staff about the result.
Female, age 23, who is currently taking OCP's prescribed by private medical insurance, has a Pap smear. Agency clinician documents birth control counseling in her medical chart.	Female, age 45, whose last period was 2 years ago, has a Pap smear.
First time Male client, age 55, who reports a vasectomy two years ago, is screened for STIs.	First time Male client, age 61, who reports a vasectomy two years ago, is screened for STIs.

* Based on Title X Grantees Family Planning Annual Report, Update 2001, OMB No. 0990-0221

5.0 Creating Client Visit Record (CVR) Files

Under the contract between Delegate Agencies and CFHC, agencies must submit data on family planning client encounters. Data includes demographic and contraceptive method information about the client as well as information on medical procedures and services provided at the visit. See the following sections (5.2 and 5.3) for complete information on what is collected.

CFHC encourages agencies to collect as many Medical Service elements as possible. Our goal is to collect all lab results through CDS by 12/31/2010. CDCs staff will work with all agencies to insure smooth transitions. **Agencies planning to move to Electronic Medical Records or changing their practice management system should contact the CDS manager beforehand. All software selections and modifications must conform to CDS specifications. For example, changes to an agency's patient identification system may require additional steps on the agency's behalf to preserve correspondence with the agency's original patient identification system.**

It is CFHC's goal to collect the complete set of data requirements for every CVR, or a combination of a CVR and lab record for any given client encounter, thus minimizing the need for agencies' aggregation and manual input of data.

5.2 Agency Data Export File

The following table outlines the data fields required for reporting. You will need to determine the data source of these items in order to generate all necessary output. The table also lists the preferred output formats and field order for your agency's data export file. Please note that CFHC can accept other output formats.

These fields should be required fields in your system so that there will not be any missing values in the data export file. CVRs with blank required fields will be rejected and you will need to correct and resubmit them.

With the exception of Medical Services and Special Populations agencies must submit all of the fields listed below. (Each agency is required to report at least one of the four Special Populations (#16-19).

Field #	CDS Fields	Preferred Data Output Format
1	Agency Number	3-5 digit alphanumeric
2	Site Number	4-5 digit alphanumeric
3	Patient Number	20 digit alphanumeric
4	Date of Birth	DATE: YYYYMMDD
5	Gender	1 digit alphanumeric
6	Race	1 digit alphanumeric
7	Ethnicity	1 digit alphanumeric
8	Family Size	2 digit numeric
9	Contraceptive Method	2 digit alphanumeric
10	Income	4 digit numeric
11	Visit Date	DATE: YYYYMMDD
12	Medical Services/Visit Type	2 digit alphanumeric, comma separated
13	Provider Type	2 digit alphanumeric
14	Limited English Proficiency	1 digit alphanumeric
15	Principle Insurance	1 digit alphanumeric
16	Homeless	1 digit alphanumeric
17	Substance Abusing	1 digit alphanumeric
18	Migrant	1 digit alphanumeric
19	Disabled	1 digit alphanumeric
20	Zip Code	5 digit numeric

5.3 Coding Guidelines

As mentioned earlier, CFHC can accept any data values in the export file. CFHC staff will prepare a conversion map to translate the codes used in your Practice Management System or Electronic Medical Record into values recognized by the CDS.

Field 1 –Agency Number

When an agency receives funding from CFHC, an agency number is assigned. This number is included in the first field.

Field 2 –Site Number

Each clinic site operated by the agency that receives Title X funding is assigned its own site number from CFHC. This site number must be included in the data export file

Field 3 – Patient Number

The CDS needs a unique identifier for each patient. It must be a value no longer than 20 digits.

Field 4 – Date of Birth

The CDS needs the date of birth of the patient. A sample format is YYYYMMDD.

Field 5 – Gender

The CDS will only accept male and female values. A sample format is:

M Male

F Female

Field 6 – Race

Race is a required reporting element. Report all of the following categories:

- WHITE- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

- BLACK/AFRICAN AMERICAN- A person having origins in any of the black racial groups of Africa
- AMERICAN INDIAN/ALASKAN NATIVE- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- ASIAN- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam
- NATIVE HAWAIIAN/PACIFIC ISLANDER- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
- MORE THAN ONE RACE- A person who indicates that they belong to more than one of the above categories
- UNKNOWN/NOT COLLECTED- A person whose race is not asked
- CLIENT DECLINED TO SPECIFY- A person who refuses to provide their race

Special Instructions for Collecting Race

We urge intake staff to respect client preference in providing this information. The intention is to help identify major health conditions of minority populations, monitor progress in meeting their needs, and ensure nondiscrimination in access to and provision of appropriate services for various racial and ethnic groups.

At a minimum, clients should be allowed to select from the above list of five major race categories. If needed, a client could be assisted by showing her/him the Title X defined subcategories listed for the five major groups. Staff should respect the client's right to not report his or her race in any of the listed categories. If a client refuses to select from a list Races, report "Client Declined to State.

Your agency may wish to collect race subcategories (e.g. Chinese or Laotian). However, CDS will map these clients to one of the five race categories for the purposes of reporting.

Clients should be allowed to mark or select more than one of the five race categories. Instead of using a category labeled "More than one race," Title X guidelines recommend that your instructions allow clients to select all that apply. However, clients who select more than one race category will be entered into the PMS/EMR as "More than one race".

Field 7 – Ethnicity

Whether or not a client considers him/herself as Hispanic must be asked and reported.

- HISPANIC
- NOT HISPANIC

Special Instructions for Collecting Ethnicity

CFHC suggests asking Ethnicity before Race to encourage all clients to answer both. We urge intake staff to respect client preference in providing this information. The intention is to help identify major health conditions of minority populations, monitor progress in meeting their needs, and ensure nondiscrimination in access to and provision of appropriate services for various ethnic groups.

Field 8 – Family Size

Family Size must be numeric and should not be longer than 2 digits.

Special Instructions for Collecting Family Size from Teenage Clients

Teen's family size should be "1" unless they are living with their own child and/or spouse. A teen's parents or siblings should NOT be counted.

Field 9 – Contraceptive Method

Primary Method of Family Planning – The primary method of family planning is the user's method—adopted or continued—at the time of exit from his or her last encounter in the reporting period. **If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method.** Contraceptive Methods include the following (from the Office of Population Affairs, Appendix A):

- ABSTINENCE- For reporting purposes, abstinence is defined as refraining from oral, vaginal, and anal intercourse. Report user who relies on abstinence as her primary family planning method or who is not currently sexually active and therefore not using contraception. Report male user who relies on abstinence as his primary family planning method or who is not currently sexually active.
- CONTRACEPTIVE SPONGE- Report female user who uses a contraceptive sponge as her primary family planning method.
- DIAPHRAGM/CERVICAL CAP- Report female user who uses a cervical cap or diaphragm (with or without spermicidal jelly or cream) as her primary family planning method.

- FEMALE CONDOM- Report female user who uses female condoms (with or without spermicidal foam or film) as her primary family planning method.
- FEMALE STERILIZATION- Refers to surgical (tubal ligation) or non-surgical (Essure™ implants) sterilization procedures performed on a female user in the current or any previous reporting period. Report if a female client relies on female sterilization as her primary family planning method. Although Family PACT may not reimburse for these visits, Title X does consider them legitimate Family Planning encounters and they should be reported to CDS if agency has provided a service.
- FERTILITY AWARENESS- Refers to family planning methods that rely on identifying potentially fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. Fertility awareness methods include rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. Report user who uses one or a combination of the FAMs listed above as the primary family planning method. A post-partum woman who is practicing the lactational amenorrhea method (LAM) should also be coded in this category.
- HORMONAL IMPLANT- Report female user who uses a long-term, subdermal hormonal implant as her primary family planning method.
- HORMONAL INJECTION - 1 MONTH- Report the female user who uses 1-month injectable hormonal contraception as her primary family planning method.
- HORMONAL INJECTION - 3 MONTH- Report female user who uses 3-month injectable hormonal contraception as her primary family planning method.
- HORMONAL PATCH- Report female user who uses a transdermal hormonal contraceptive patch as her primary family planning method.
- IUD- Report female user who uses a long-term hormonal or other type of intrauterine device (IUD) or system as her primary family planning method.
- MALE CONDOM- Report female user who relies on her sexual partner to use male condoms (with or without spermicidal foam or film) as her primary family planning method. Report male user who uses male condoms (with or without spermicidal foam or film) as his primary family planning method.
- ORAL CONTRACEPTIVE- Report female user who uses any oral contraceptive, including combination and progestin-only (“mini-pills”) formulations, as her primary family planning method.
- SPERMICIDE (USED ALONE)- Report female user who uses only spermicidal jelly, cream, foam, or film (i.e., not in conjunction with another method of contraception) as her primary family planning method.
- VAGINAL RING- Report female user who uses a hormonal vaginal ring as her primary family planning method.
- VASECTOMY- Refers to conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user, in the current or any previous reporting period. Report female user who relies on vasectomy as her (partner’s) primary family

planning method. Report male user on whom a vasectomy was performed in the current or any previous reporting period.

- OTHER METHOD- Report female and male users, respectively, who use withdrawal or other methods not listed in the tables as their primary family planning method.
- PREGNANT- Report user who is not using any family planning method because she/he or the partner is pregnant.
- SEEKING PREGNANCY- Report user who is not using any family planning method because she/he or the partner is seeking pregnancy.
- RELY ON FEMALE METHOD- Report male family planning user who relies on his female partner's family planning method(s) as his primary method. "Female" contraceptive methods include female sterilization, IUDs, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, hormonal/contraceptive patches, vaginal rings, cervical caps/diaphragms, contraceptive sponges, female condoms, and spermicides.
- NO METHOD--OTHER REASON- Report user who is not using any family planning method to avoid pregnancy, due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically, or if the client is has a same sex partner.
- METHOD UNKNOWN- Report user for whom documentation exists that the user adopted or continues use of a family planning method, but information about the specific method(s) used is unavailable. This code is rarely appropriate and will be rejected by CDS to encourage agencies to collect complete contraceptive method information from every client. If this code is actually appropriate for a client and the record is rejected, it will have to be entered manually into CDS as Method Unknown.

Field 10 – Income

Income must be reported as a numeric value.

Special Instructions for Teenage Clients

A teen's income should be "0" unless the teen is employed or receives personal income from some other source. The teen's family income should NOT be included.

Field 11 – Visit Date

A sample format is YYYYMMDD.

Field 12 – Medical Services/Visit Type

In the data export file this field is different from the rest in that it can contain multiple values separated by commas as there can be more than one medical service per visit. The field value may look something like: |1,3,4,7,13|. This is the only field that is comma delimited within pipes (|); the rest of the file is pipe (|) delimited. Record any of the options below in the data export file to indicate the presence of the exam, referral, test, diagnosis, treatment and/or visit type.

- Clinical Breast Exam
- CBE Referral
- Chlamydia Test
- CT Specimen – Cervical
- CT Specimen – Urine
- CT Specimen – Vaginal
- CT Specimen –Urethral
- CT Specimen – Pharyngeal
- CT Specimen – Rectal
- Chlamydia Test Positive
- Chlamydia Treatment Dispensed
- Chlamydia Treatment Prescribed
- Emergency Contraception Dispensed
- Gonorrhea
- Gonorrhea Test Positive
- Gonorrhea Treatment Dispensed
- Gonorrhea Treatment Prescribed
- HIV Test
- Positive HIV Test Result
- Pap Test
- Pap Result ASC/LSIL (+/-HPV) (do not include HSIL or higher)
- Pap Result HSIL/CIS/AGUS
- Syphilis

- Visit Type: New Patient 10 minutes (99201)
- Visit Type: New Patient 20 minutes (99202)
- Visit Type: New Patient 30 minutes (99203)
- Visit Type: New Patient 45 minutes (99204)
- Visit Type: New Patient Comprehensive (99205)

- Visit Type: Established Patient 5 minutes (99211)
- Visit Type: Established Patient 10 minutes (99212)
- Visit Type: Established Patient 15 minutes (99213)
- Visit Type: Established Patient 25 minutes (99214)
- Visit Type: Established Patient Comprehensive (99215)

- Visit Type: Education/Counseling Group (Z9750)
- Visit Type: Education/Counseling Individual 10 minutes (Z9751)
- Visit Type: Education/Counseling Individual 15 minutes ((Z9752)
- Visit Type: Education/Counseling Individual 30 minutes (Z9753)
- Visit Type: Education/Counseling Individual 45 minutes (Z9754)
- Not able to report Visit Type

Special Instructions for Collecting Medical Services

Your agency may not collect some of the above medical services in a way that the information can be recorded on the Family Planning Encounter record in a consistent manner. For example, some agencies are able to collect and report whether clients receive prescribed and/or dispensed treatment for Chlamydia or Gonorrhea, while other agencies do not yet have this capacity. If available, this information will make it possible for CFHC to report "time to treatment" as the *Proportion of female clients with positive Chlamydia or Gonorrhea test treated within 14 and 30 days)*.

CDS staff will help determine if your agency is able to provide reliable data from your forms.

Field 13 – Provider Type

Provider type can be determined using the provider credential or provider number. The categories for reporting provider types are:

- PHYSICIAN
- NP/PA/CNM
- RN/LPN
- COUNSELOR

Two general types of providers deliver Title X family planning services: clinical services providers and non-clinical providers. Clinical services providers (physicians, physician assistants, nurse practitioners, certified nurse midwives) are able to offer client education, counseling, referral, follow-up, and/or clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment. Under California regulations, registered nurses are not counted as clinical providers unless they have special training.

Non-clinical services providers include other agency staff (e.g., nurses, medical assistants, health educators, social workers, or clinic aides) that are able to offer client education, counseling, referral, and/or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment.

Field 14 – Limited English Proficiency

The intent is to know if a client needs or uses resources beyond those used by clients who are proficient in English.

- CLIENT IS NOT PROFICIENT AND REQUIRES TRANSLATION / INTERPRETATION IN A LANGUAGE OTHER THAN ENGLISH
- CLIENT IS PROFICIENT IN ENGLISH
- UNKNOWN/NOT REPORTED

Special Instructions for Collecting Limited English Proficiency

A client is considered to have limited English proficiency if she or he requires translation/interpretation assistance in a language other than English during the clinic visit. It does not matter whether the translation or interpretive service is provided by the client's family, clinic staff, or translation service.

If clinic services are provided in a language *other than* English, a client who could also be served in English should be reported as "Client is proficient in English." A client who functions only in the other language should be considered as having limited English proficiency and reported as "Client is not proficient and requires translation / interpretation in a language other than English."

Field 15 – Principle Insurance Coverage

A mapping from the financial classes or insurance companies may need to be done so that the client's principle insurance can be reported in one of the following categories. A client who pays cash should be reported as UNINSURED.

- PUBLIC INSURANCE
- PRIVATE INSURANCE
- UNINSURED
- UNKNOWN/NOT REPORTED

Special Instructions for Collecting Principle Insurance from Teenage Clients

Unless the teenage client knows his/her insurance status, the teenage client should be coded as *Uninsured* since he/she is eligible for Family PACT coverage.

Field 16 – Homeless

A homeless individual is an individual who lacks a fixed, regular, and adequate nighttime residence (includes individuals residing with friends or relatives for a short period of time); or an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, as regular sleeping accommodation for human beings. An individual who is imprisoned would not be classified as homeless.

Agencies capture a client's homeless status in different ways. Some may use a specific data field that asks homeless status (yes/no), others use a certain address or zip code.

- YES, HOMELESS
- NO, NOT HOMELESS
- NOT REPORTED

Special Instructions for Collecting Homeless, Substance Abusing, Migrant, and Disabled

These fields (16,17,18,19) are Title X "special populations". Agencies must collect information on at least one of these fields to meet the Title X requirement to report four special populations (the other three special populations are males, adolescents, and limited English proficiency). To collect consistent information on Homeless, Substance Abusing, Migrant, or Disabled, an agency must include a specific question(s) eliciting this information on their forms. CDS has prepared suggested wording for eliciting this information which is available in Appendix D.

Field 17 – Substance Abusing

Report an individual whose abuse of legal and/or illegal substances affects his/her physical, mental or social health and impairs his/her ability to function normally in society. Individuals who are abusing substances may be identified by ICD9 codes or by their self reporting. If client self-identifies or the diagnosis code is present for the visit, Field 17 should be indicated with the first option below:

- YES, SUBSTANCE ABUSING
- NO, NOT SUBSTANCE ABUSING
- NOT REPORTED

Field 18 – Migrant

An individual who moves regularly in order to find work can be reported as a Migrant Worker. A client who is a dependent of a Migrant Worker can also be reported as a Migrant Worker. The preferred format is:

- YES, MIGRANT WORKER
- NO, NOT MIGRANT WORKER
- NOT REPORTED

Field 19 – Disabled

An individual who currently has a physical or mental impairment that substantially limits one or more major life activities can be reported to have disabilities. The preferred format is:

- YES, CLIENT HAS DISABILITIES
- NO, CLIENT DOES NOT HAVE DISABILITIES
- NOT REPORTED

Field 20 – Zip Code

The preferred format is a 5 digit zip code.

Special Instructions for Unknown Zip Codes

Do not use the agency's zip code when client's zip code is unknown. In this case, leave the field blank or provide a code (e.g. "00000") for UNKNOWN. Homeless individuals should use the zip code from where they live or sleep most of the time. If this is unknown, leave the field blank or provide a code (e.g. "00000") for UNKNOWN.

6.0 Submitting Client Visit Record (CVR) Files

6.1 File Format, Creation and Naming

File Format

Delegate Agencies are responsible for extracting family planning CVRs from their systems and creating a file of those transactions. Agencies may provide data to CFHC in any format and sequence. The CDS can accept a text delimited file, Excel spreadsheet file, or Access file. It is preferable for the file to include a first (header) row containing the field names of each column as they appear in the file. Once the format is established, the agency completes a Data Conversion Map with CFHC staff that describes the field order, type of export file and the values your system will be sending. This map instructs CFHC on how to translate those values to ones recognized by CDS. Each agency's CVR export file structure must be individually coded to ensure accurate import of data into CDS so that the data submitted can be translated consistently and successfully stored in CDS.

The CDS can also accept separate lab files, either from the agency's internal lab system or outside vendor. Similar to the CVR export file, the CDS can accept a lab file in various formats (Excel spreadsheet, text file, etc.). A Data Conversion Map must be developed with CFHC staff that describes the field order, type of export file and the values your system will be sending, and instructs CFHC on how to translate those values to values recognized by CDS. Lab files must contain **site, patient number and visit date** for the client in question to ensure that lab result reports from the lab can be matched with CVRs from the agency practice management system. Then CDS will match patient numbers in the lab file with those stored in the database. The system will then merge the data included in the lab file with the CVR data.

File Creation and Naming

On a monthly basis, you will create and submit your CVR export file to the CDS via the secure website. The file must include all family planning activities that took place since the previous file submission.

You should name your file as follows: ***OrgNameExport mmddyyyy***, where mm = the month of submission, dd= the date of submission and yyyy= the year of submission. For example, a file submitted on May 9th, 2009 from an organization called Family Health Center for activities performed in April 2009 should be named:

FamHlthCtrExport05092009

Following this naming convention will ensure that files can be easily identified at CFHC.

Please note that there is a 25 character limit to the name of the file that you upload. If it exceeds 25 characters you will get an error message when trying to upload the file.

6.2 Security Issues

Data files are submitted through CFHC's secure, HIPAA compliant website. The CFHC CDS website provides appropriate, HIPAA compliant security and encryption for the transmission of your file.

Only registered agency staff who have received a user name and password will be allowed to submit data and retrieve reports. If you do not know your user name and password please contact CFHC by emailing CDSHelpDesk@cfhc.org or calling 213-386-5614 X4522.

It is important that you do not share your user name and password with anyone not authorized to access, upload or view Title X data. In order to ensure that only authorized users log in to the website, each user has a unique user name and password. It is the responsibility of the user to ensure that this information is kept confidential and not shared. Your internet browser may give you an option to allow you to store your user name and password to access the website. Please answer "NO" each time you are given this message in order to ensure the security of the website. Your user name and password should be typed in each and every time you log in to the website.

In addition, the website is designed to log off any user who has not utilized the website within a 10-minute period. This is a requirement established by CFHC. Please remember this if you are using the website and plan your use of the website to allow for uninterrupted entry.

6.3 Accessing the Centralized Data System

The steps to access the CDS are as follows:

- Go to www.cfhc.org
- Click on “Extranet” on the left hand side menu
- Click on “Login”
- Enter User name and Password
- From the Main Menu click on “Centralized Data System.” This will take you to the Centralized Data System login screen. Please note that the CDS login is case sensitive.

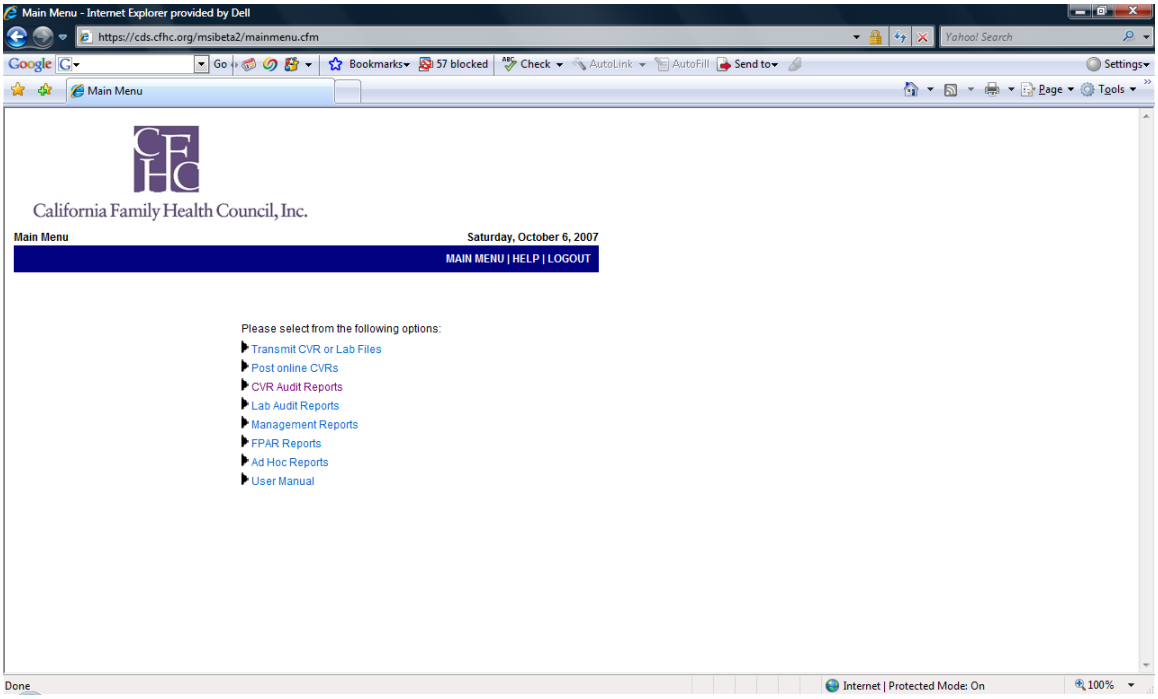
Once you have successfully logged in to the CDS, you will be brought to the Main Menu. You will notice a Navigation Bar at the top of the page, with the following options:

- Main Menu: Clicking this will always return you to the Main Menu, where you can select another valid function;
- HELP: Clicking HELP will provide you with how to reach CFHC for resolution of problems;
- LOGOUT: Clicking LOGOUT will end your online session, and you will need to log in again to perform any further activities on the site.

At the Main Menu you will be able to choose from the following options:

- Transmit CVR or Lab Files
- Post Online CVRs
- CVR Audit Reports
- Lab Audit Reports
- Management Reports
- FPAR Reports
- Ad Hoc Reports
- User Manual

The Main Menu page is shown below:



You should never use the Back button on your browser while on the CDS website. Always use the selection in the Navigation Bar at the top of the page, or one of the option buttons at the bottom of the page. Using the Back button will cause the application to be refreshed, and you could lose data as a result.

6.4 Submitting Export Files and Confirming Transmission

Submitting Export Files

Delegate Agencies create a CVR Export file and submit it to CFHC on a monthly basis. Agencies should submit data only one time per month in one file. There are no restrictions on the number of records in an export file. Multiple sites can and should be included in the same file. You do not have to worry about submitting a duplicate CVR because the CDS is designed to ignore duplicate records.

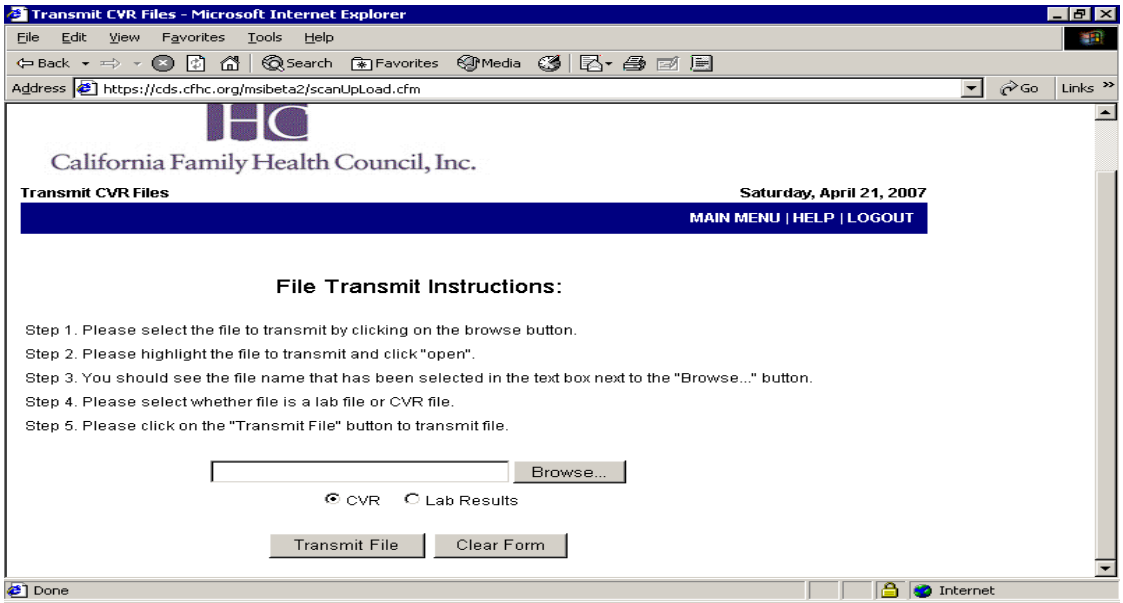
While CFHC has agreed to receive CVR data from a few agencies on a quarterly basis, this is not the preferred practice for ensuring data quality.

The CVR Export file for the monthly or quarterly activity period is due to CFHC on the 25th of the following month (with exceptions in July and January; please refer to your current CFHC contract for specific reporting deadlines). For example, data for the month of January is due by February 25th. Agencies are responsible for ensuring that all records are submitted on or before the deadline including any corrections to records that may have been rejected on a prior submission. This means that an agency should submit their first batch file well in advance of the 25th deadline. If the deadline falls on a weekend or holiday, it will be extended to the next business day.

The steps to submit data are as follows:

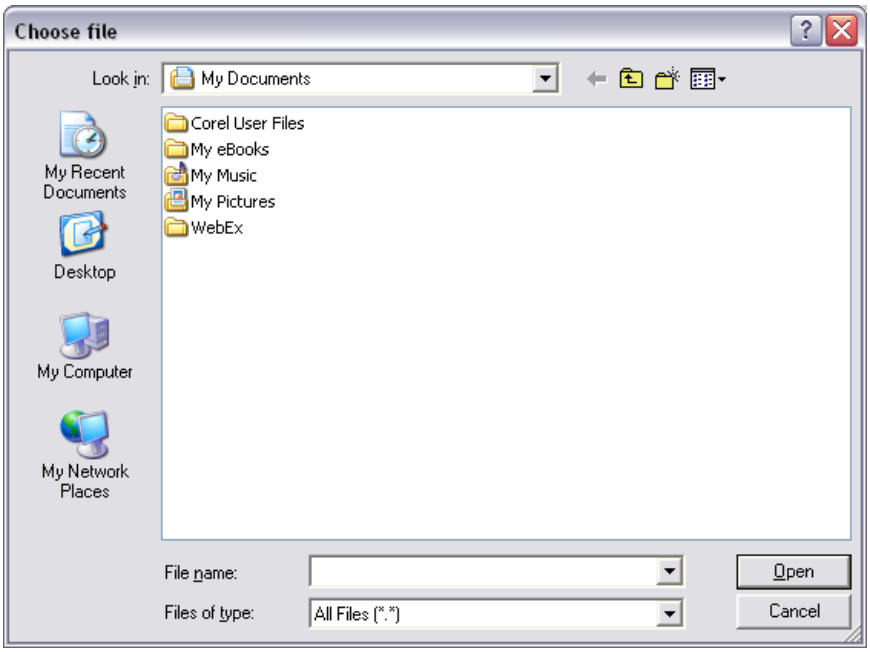
- From the CDS Main Menu you should choose the following option:
  - Transmit CVR or Lab Files

You will then see the Transmit CVR or Lab Files page as shown below:

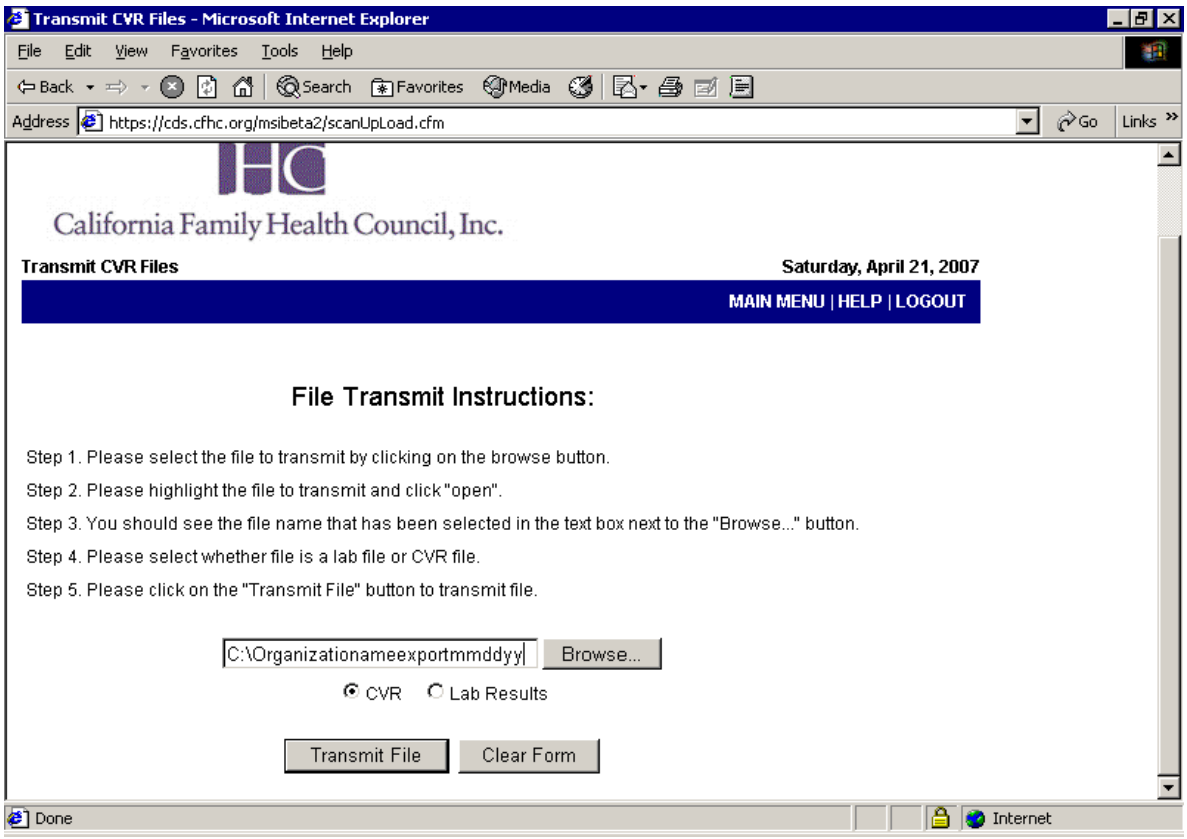

Transmit CVR Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/msibeta2/scanUpLoad.cfm
Go Links
California Family Health Council, Inc.
Transmit CVR Files
Saturday, April 21, 2007
MAIN MENU | HELP | LOGOUT
File Transmit Instructions:
Step 1. Please select the file to transmit by clicking on the browse button.
Step 2. Please highlight the file to transmit and click "open".
Step 3. You should see the file name that has been selected in the text box next to the "Browse..." button.
Step 4. Please select whether file is a lab file or CVR file.
Step 5. Please click on the "Transmit File" button to transmit file.
Browse...
CVR
Lab Results
Transmit File
Clear Form
Done
Internet

The instructions on the web page will assist you in correctly submitting your CVR export file.

- First, click on the Browse button and a window should open as shown below:

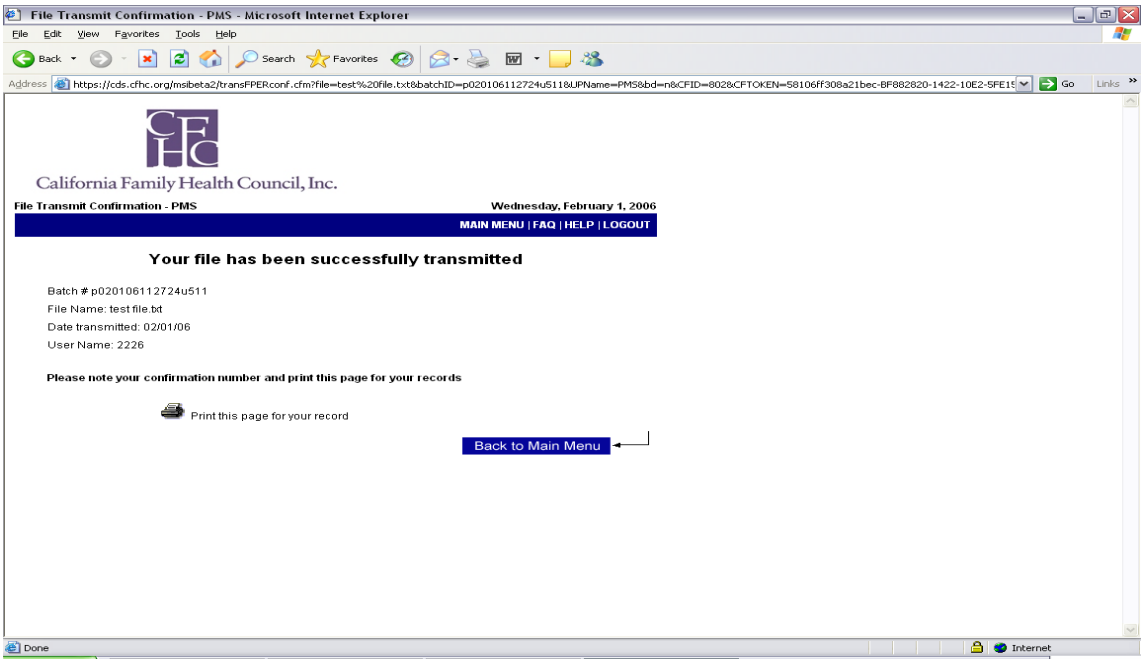


- This screen will display one of your local drives and its associated files and directories. Using the standard Windows functions, select the file containing that month's CVR data that you wish to submit. Once you have found the file, click on it once to highlight the file and then click on "Open". Again, please be sure that you have used the requested CFHC naming convention of ***Orgnameexportmmddyyyy.***
  You should now see your filename in the text box to the left of the "Browse" button as shown below:


Transmit CVR Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/msibeta2/scanUpLoad.cfm
Go Links
California Family Health Council, Inc.
Transmit CVR Files
Saturday, April 21, 2007
MAIN MENU | HELP | LOGOUT
File Transmit Instructions:
Step 1. Please select the file to transmit by clicking on the browse button.
Step 2. Please highlight the file to transmit and click "open".
Step 3. You should see the file name that has been selected in the text box next to the "Browse..." button.
Step 4. Please select whether file is a lab file or CVR file.
Step 5. Please click on the "Transmit File" button to transmit file.
C:\Organizationameexportmmddyy
Browse...
CVR
Lab Results
Transmit File
Clear Form
Done
Internet

- Make sure that the correct file name appears in the window as shown above. If you have selected the wrong file by mistake, click the Clear Form button, and select the correct file to transfer.
- Indicate if the file you are sending is a CVR or Lab file by clicking the appropriate circle. The CDS defaults to CVR so if you are sending a CVR file, it should already be indicated.
- To send the file, you must now click the **Transmit File** button. This securely transfers your file to the CDS server, where it will be reviewed and imported into the central database using code especially built for your file type. The CDS website provides appropriate, HIPAA compliant security and encryption for the transmission of your file. Standard submissions will be reviewed and imported into the central database within 2 business days. Submissions that involve modifications to the file configuration (e.g. new or deleted codes or fields) make take additional time.
- If you receive an error message when trying to upload a file, it could be that your file name exceeds the allowable 25 characters. Another reason for an error message is if you are submitting a text file that does not have a “txt” extension at the end of the file name. If neither of these issues is the problem and you still receive an error message please contact CFHC at CDSHelpDesk@cfhc.org or call 213-386-5614 X4552.

  Once you transmit your file, you will see a Confirmation Screen that verifies that your file has been received. The confirmation screen is shown as follows:


File Transmit Confirmation - PMS - Microsoft Internet Explorer
California Family Health Council, Inc.
File Transmit Confirmation - PMS
Wednesday, February 1, 2006
MAIN MENU | FAQ | HELP | LOGOUT
Your file has been successfully transmitted
Batch # p020106112724u511
File Name: test file.txt
Date transmitted: 02/01/06
User Name: 2226
Please note your confirmation number and print this page for your records
Print this page for your record
Back to Main Menu

The purpose of the confirmation screen is to verify that your file was posted and to give you a batch number for your file posting. You will use this batch number to get Audit Reports for your submission that will provide information on the number of accepted and rejected CVRs in the file. **You should print this page with the batch number showing as documentation that your file was transmitted.** Use of this batch number will be the primary means to allow you to retrieve Audit Reports and provide a tracking number to CFHC should there be problems with your file.

You can now end your posting session. You may either:

- Log out of the CDS website by clicking Logout in the Navigation Bar, located in the upper right hand corner of the web page.

OR

- Perform other functions in the CDS website by clicking on Main Menu, in the Navigation Bar, located in the upper right hand corner of the web page.

7.0 Auditing Client Visit Record (CVR) Files

7.1 Audit Reporting Procedures

The CDS provides Audit Reports which allow agencies to review their total CVR or Lab submissions, the total number of accepted and rejected records, and the reasons for any rejections. The following pages describe the procedures regarding the retrieval and processing of Audit Reports.

Delegate Agency staff is responsible for reviewing the results of the file processing and for taking corrective action to ensure that all CVRs are processed correctly. Any CVRs submitted without data in a required field will be rejected.

Any data submitted will be processed by CFHC and an Audit Report will be available for the agency to retrieve online **within 2 business days** of file posting via the CDS website (unless there are modifications to the file configuration (e.g. new or deleted codes or fields)). It is the agency's responsibility to review the Audit Report and take corrective action in order to meet the final deadline of the 25th for final submission of all correct CVRs.

Any CVR submitted without valid data in a required field will be rejected. A CVR may be rejected due to:

- Missing required field data;
- Not meeting the criteria for age (visit records for clients under 10 years of age for both female and male clients or over 55 for female clients and 60 for male clients will be rejected)
- A code in the data field that the CDS does not recognize (for example, submission of letters in a numeric field)
- Contraceptive method of "Unknown". You may update the record with the contraceptive method and resubmit the record electronically. If the method is truly unknown, the record will have to be manually entered into CDS (see the POSTING ONLINE CVRS section below).

7.2 On-Line Retrieval of Audit Reports

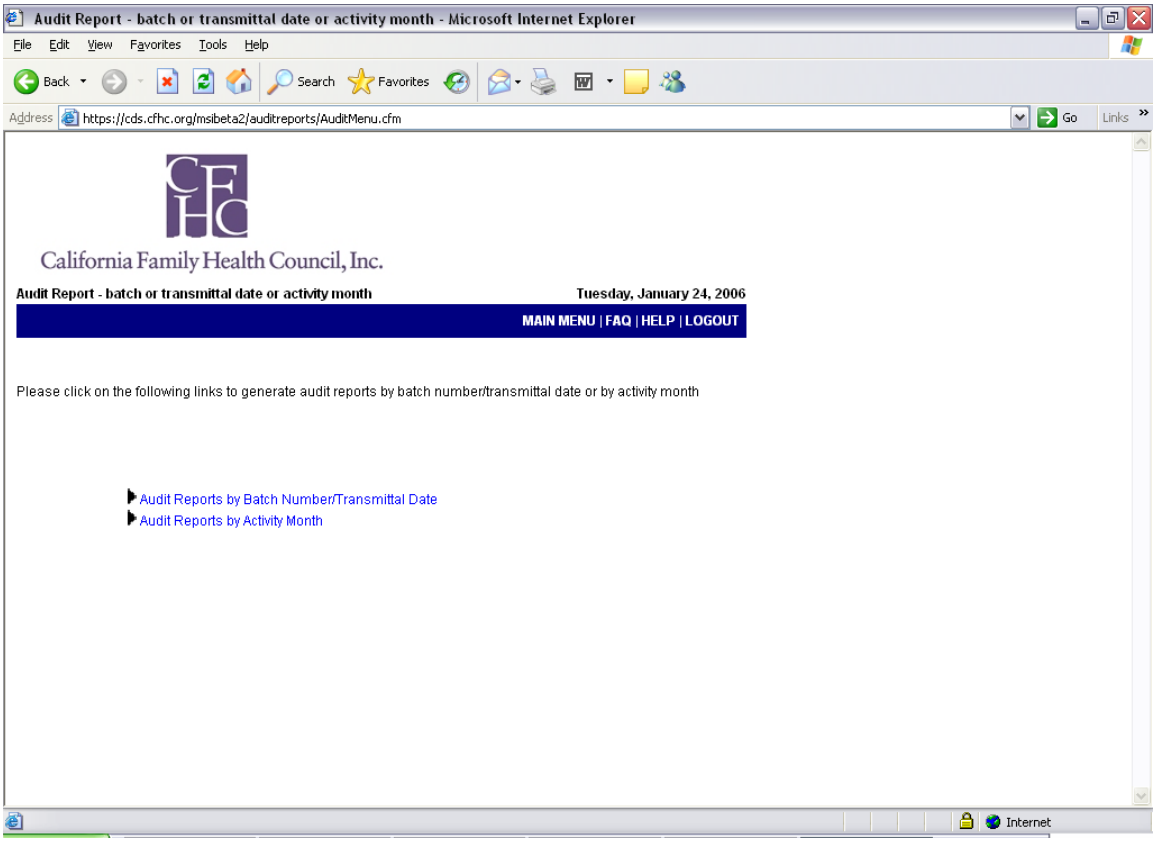
CVR Audit Reports

CFHC is responsible for providing the Audit Reports to assist sites in correcting errors on rejected CVRs. Agencies are responsible for retrieving and reviewing Audit Reports early enough to submit corrections by the 25th of the following month.

The CDS allows agencies that submit files by CVR Export to retrieve their Audit Reports through the website. Audit Reports are available for agencies within two business days after submission of the CVR export file.

- From the CDS Main Menu you should choose the “CVR Audit Reports” option:

You may retrieve your Audit Reports through either the Batch Number or the Transmittal Date as shown below.


Audit Report - batch or transmittal date or activity month - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://cds.cfhc.org/msibeta2/auditreports/AuditMenu.cfm
Go Links
California Family Health Council, Inc.
Audit Report - batch or transmittal date or activity month
Tuesday, January 24, 2006
MAIN MENU | FAQ | HELP | LOGOUT
Please click on the following links to generate audit reports by batch number/transmittal date or by activity month
Audit Reports by Batch Number/Transmittal Date
Audit Reports by Activity Month
Internet

- Selecting *Audit Reports by Batch Number or Transmittal Date* will provide you with the CVR Transactions Processed Report for your batch and the CVR Reject Report.

Audit Reports by Batch Number or Transmittal Date

CVR Transactions Processed Report

Purpose: To provide agencies with summary information to display total CVRs processed, accepted and rejected, and to allow agencies to verify that all submitted CVRs were processed. Content includes the following:

- Total CVRs accepted;
- Total of CVRs rejected;
- Total CVRs processed;
- Percentage of total CVRs processed that were rejected.

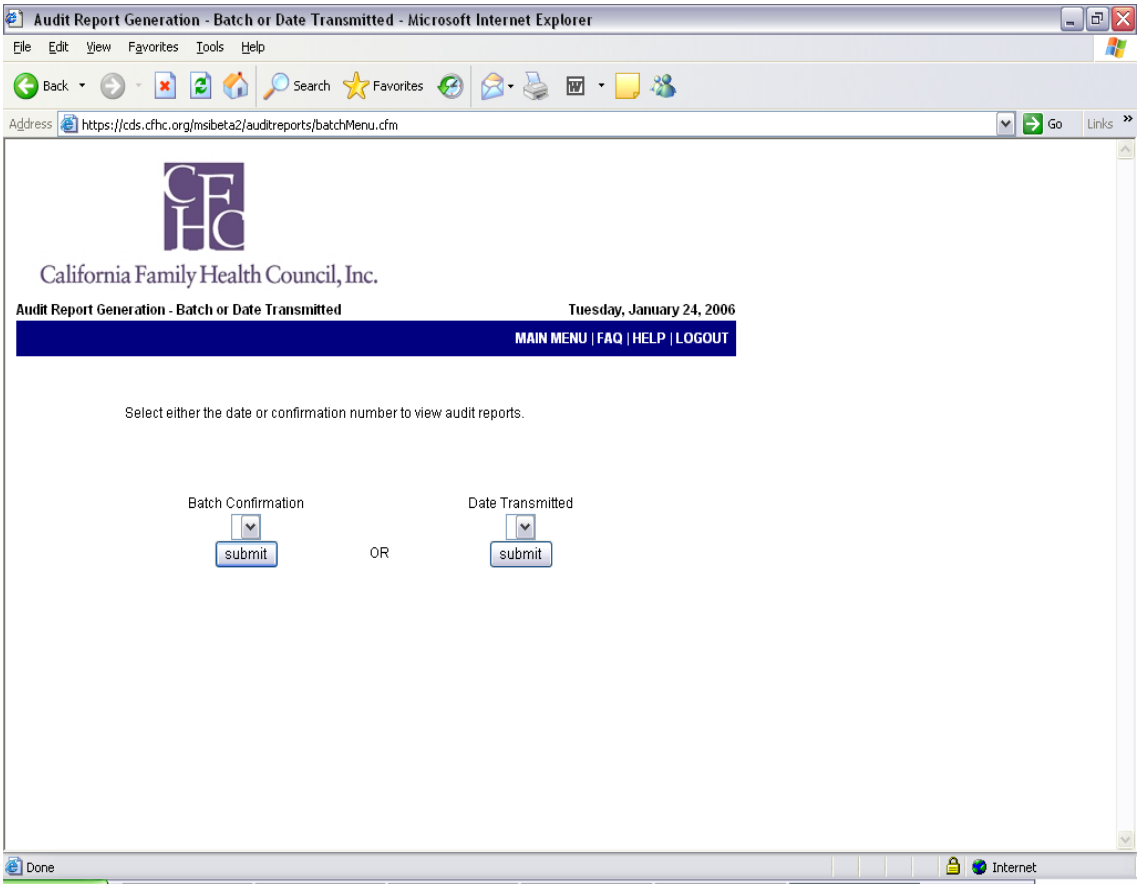
CVR Reject Report

Purpose: To provide agencies with documentation of all rejected CVRs and to provide enough information so that CVRs may be corrected and resubmitted.

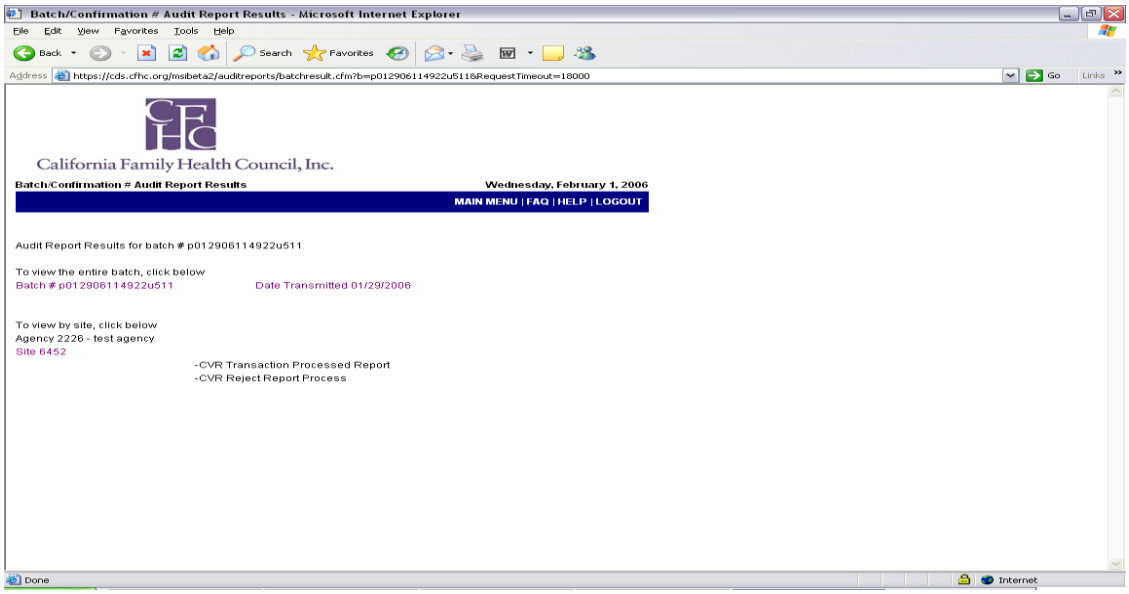
Content: Lists any CVRs by Patient Number and Visit Date that rejected due to:

- Missing required field data;
- Not meeting the criteria for age (between age 10 and 55 for women and 60 for men)
- A code in the data field that the CDS does not recognize (for example, submission of letters in a numeric field)
- Contraceptive method of “Unknown”

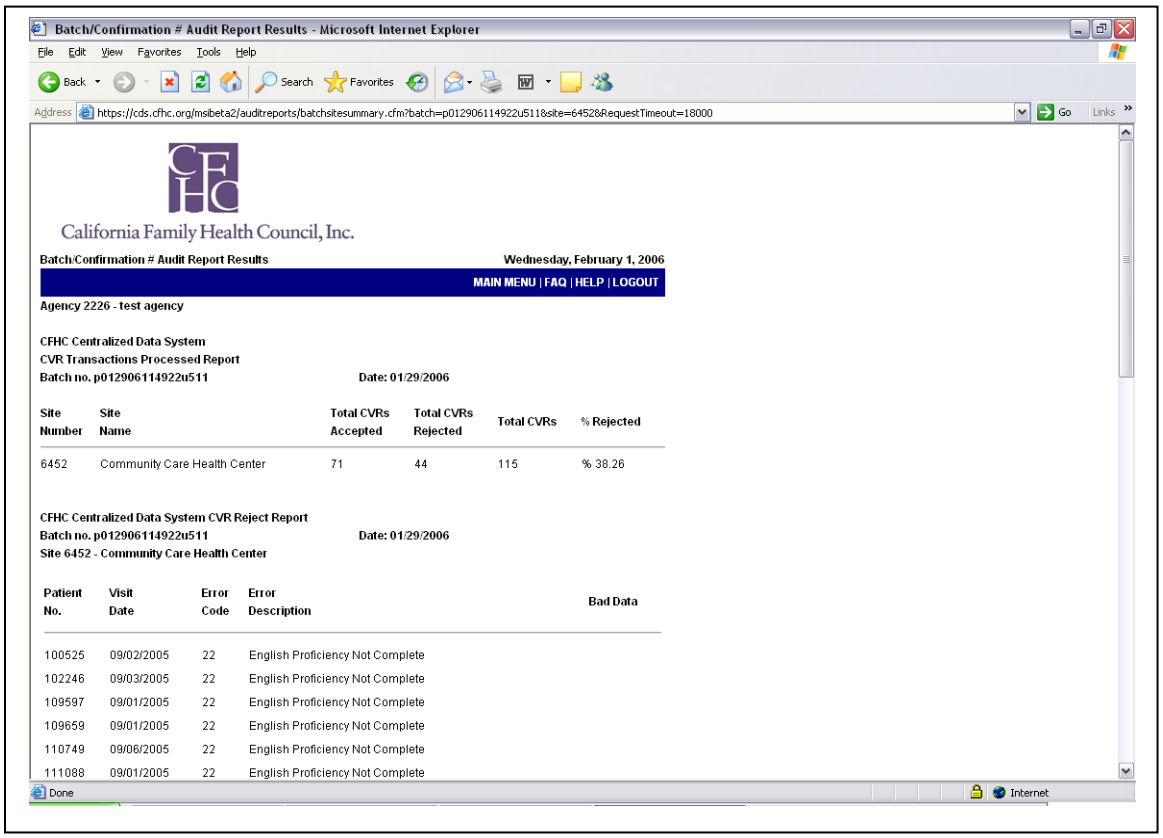
You can choose to retrieve and print an Audit Report by selecting **either** Batch Number or Transmittal Date, as shown above. Reference your printed Confirmation document to find your Batch Number or the Transmittal Date from the drop down menu, and click Submit, as shown in the screen below. The Batch Numbers you see in the drop down menu are only those you are allowed to see and retrieve, because they were created by your user name. Please note that you must be logged in with the user name that posted the CVR export file and created the batch number, in order to retrieve the Audit Reports. All Audit Report activity is tied directly to the submitting user name. If you work at an agency where someone else with a different user name transmitted the CVR export file and created the batch number, only that person using that user name can retrieve the Audit Reports for that batch number.


Audit Report Generation - Batch or Date Transmitted - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://cds.cfhc.org/msibeta2/auditreports/batchMenu.cfm
Go Links
California Family Health Council, Inc.
Audit Report Generation - Batch or Date Transmitted
Tuesday, January 24, 2006
MAIN MENU | FAQ | HELP | LOGOUT
Select either the date or confirmation number to view audit reports.
Batch Confirmation
submit
OR
Date Transmitted
submit
Done
Internet

The Audit Report Results are shown below. You may then choose to view the Audit Report by either the entire batch or for a particular site, by clicking on the hyper-linked batch or site number.


Batch/Confirmation # Audit Report Results - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://cds.cfhc.org/msibeta2/auditreports/batchresult.cfm?b=p012906114922u511&RequestTimeout=18000
Go Links
California Family Health Council, Inc.
Batch/Confirmation # Audit Report Results
Wednesday, February 1, 2006
MAIN MENU | FAQ | HELP | LOGOUT
Audit Report Results for batch # p012906114922u511
To view the entire batch, click below
Batch # p012906114922u511
Date Transmitted 01/29/2006
To view by site, click below
Agency 2226 - test agency
Site 6452
-CVR Transaction Processed Report
-CVR Reject Report Process
Done
Internet

A sample Audit Report is shown in the following screen. You should print the report by selecting the Print Command under the File option in the Browser Menu Bar at the top of your screen.


Batch/Confirmation # Audit Report Results - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://cds.cfhc.org/msibeta2/auditreports/batchsitesummary.cfm?batch=p012906114922u511&site=6452&RequestTimeout=18000
Go Links
California Family Health Council, Inc.
Batch/Confirmation # Audit Report Results
Wednesday, February 1, 2006
MAIN MENU | FAQ | HELP | LOGOUT
Agency 2226 - test agency
CFHC Centralized Data System
CVR Transactions Processed Report
Batch no. p012906114922u511
Date: 01/29/2006
Site Number
Site Name
Total CVRs Accepted
Total CVRs Rejected
Total CVRs
% Rejected
6452 Community Care Health Center 71 44 115 % 38.26
CFHC Centralized Data System CVR Reject Report
Batch no. p012906114922u511
Date: 01/29/2006
Site 6452 - Community Care Health Center
Patient No.
Visit Date
Error Code
Error Description
Bad Data
100525 09/02/2005 22 English Proficiency Not Complete
102246 09/03/2005 22 English Proficiency Not Complete
109597 09/01/2005 22 English Proficiency Not Complete
109659 09/01/2005 22 English Proficiency Not Complete
110749 09/06/2005 22 English Proficiency Not Complete
111088 09/01/2005 22 English Proficiency Not Complete
Done
Internet

7.3 Interpreting Audit Reports

The first part of the report is the *CVR Transactions Processed Report* which lists the number of total CVRs in the file, the number accepted, and the number rejected, as well as the percent that rejected. The totals are shown by site, with sites listed in numerical order. The second part of the report is the *CVR Reject Report* which shows the specific records that were rejected. The patient number and visit date are listed so you can correct those individual records and resubmit them. The Error Description column gives a description of why the record was rejected. A description of "not complete" means that the field was blank or there was an incorrect code. The final column of the report is entitled Bad Data, and shows the exact entry that caused the record to reject. If a code was entered in a field that the CDS did not recognize, it will appear in this column. Use of this column should be helpful in tracking and correcting errors.

Error Reports

For the reports to have meaning, the data should be clean and as accurate as possible. It is preferred that the agency uses its own PMS to identify errors before submitting the data export file to CDS. Ideally, error messages should be generated for each field if there is missing data. The examples below follow the "CDS standard record format". Agency field numbers may not match up directly with this sample but the field names should be consistent.

NOTE: CFHC provides technical assistance to agencies in order to meet the data reporting requirements of the CDS.

Field 1 –Agency Number

This field is optional.

Field 2 –Site Number

This field must contain valid site numbers. If not, an error is generated.

Field 3 – Patient Number

This field must contain numeric values, not greater than 20 characters. If not, an error will be generated.

Field 4 – Date of Birth

This field should be a properly formatted date field with month, date and four digit year. If not, an error will be generated.

Field 5 – Gender

This field should never be blank. If the value entered is anything other than M or F, then an error will be generated.

Field 6 – Race

This field must contain a valid race value and should never be blank. Otherwise, an error will be generated.

Field 7 – Ethnicity

This field must contain a valid ethnicity value and should never be blank. Otherwise, an error will be generated.

Field 8 – Family Size

This field should contain a numeric value (up to two digits) representing family size and should never be blank. Otherwise, an error will be generated.

Field 9 – Contraceptive Method

This should contain a valid contraceptive method and should never be blank or Unknown. Otherwise, an error will be generated. Records with truly unknown methods may be entered into the CDS manually (see the POSTING ONLINE CVRS section below).

Field 10 – Income

This field should contain a numeric value (up to four digits) and should never be blank. Otherwise, an error will be generated.

Field 11 – Visit Date

This field should be a properly formatted date field with month, date and four digit year. Otherwise, an error will be generated.

Field 12 – Medical Services/Visit Type

This field should contain valid medical services codes. The field may be blank at times so an error will not be generated. NOTE: Invalid medical codes are ignored.

Field 13 – Provider Type

This field should contain a valid provider type and should never be blank. Otherwise, an error will be generated.

Field 14 – Limited English Proficiency

This field should never be blank. Otherwise, an error will be generated.

Field 15 – Principle Insurance

This field should contain a valid insurance type code and should never be blank. Otherwise, an error will be generated.

Field 16 – Homeless

This field should contain a Y/N value indicating the client's homeless state or Not Reported. This field should be blank if the agency does not report this data.

Field 17 – Substance Abusing

This field should contain a Y/N value indicating the client's substance using/abusing state or *Not Reported*. This field should be blank if the agency does not report this data.

Field 18 – Migrant

This field should contain a Y/N value indicating the client's migrant state or *Not Reported*. This field should be blank if the agency does not report this data.

Field 19 – Disabled

This field should contain a Y/N value indicating the client's disabled state or *Not Reported*. This field should be blank if the agency does not report this data.

Field 20 – Zip Code

This field must contain a five digit numeric field and should never be blank. Otherwise, an error will be generated.

Lab Audit Reports

The CDS allows agencies that submit files by Lab Export to retrieve their Audit Reports through the website. Audit Reports are available for agencies within two business days after submission of the Lab export file.

From the CDS Main Menu you should choose the “Lab Audit Reports” option.

The same instructions apply as described above for CVR Export files.
Included in the Lab Audit Reports will be any patient numbers that were rejected because a match was not found in the CDS database for patient number, site number, and visit date.

7.4 Correcting Rejected Records from CVR Export Files

Delegate Agency staff is responsible for correcting errors and resubmitting the corrected CVRs by the 25th of the following month for any given reporting period. **It is very important that you capture each and every client visit by resubmitting all rejected records once they are corrected. If you do not resubmit rejected records, those visits will not be counted in the CFHC system and your agency's data will not be accurate.**

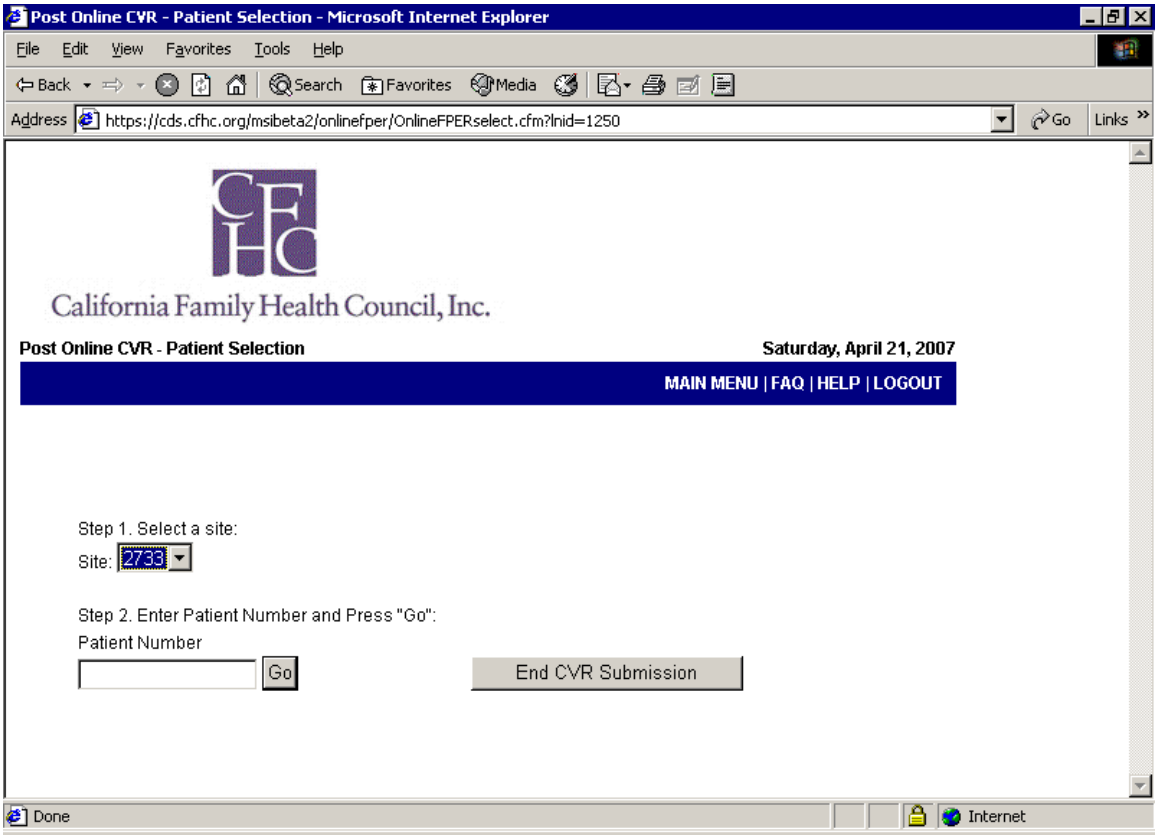
1. Once the Audit Reports have been reviewed, users may correct the errors in one of three ways. Resubmit a file containing only corrected records;
2. Use the Post Online CVR menu option to enter a client's entire CVR into the database using web based data entry. This option is discussed in further detail in the following section;
3. Resubmit the original file after correcting the errors. (CDS will recognize duplicate records and overwrite the old record with the updated information).

Posting On-Line CVRs

CFHC provides agencies with the ability to search, input, view and edit CVRs through on line entry via the website. This enables agencies to resubmit individual records through a web data entry process without having to resubmit them through a batch file process.

This feature enables direct access to your data that is stored in CDS. When editing and adding new records, please keep in mind that any changes made will directly affect your stored CDS data.

To use this feature, select Post Online CVRs from the Main Menu. You will see the following screen.


Post Online CVR - Patient Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/msibeta2/onlinefper/OnlineFPERselect.cfm?lnid=1250
Go Links
California Family Health Council, Inc.
Post Online CVR - Patient Selection
Saturday, April 21, 2007
MAIN MENU | FAQ | HELP | LOGOUT
Step 1. Select a site:
Site: 2733
Step 2. Enter Patient Number and Press "Go":
Patient Number
Go
End CVR Submission
Done
Internet

To begin creating online CVRs, you must first select the Title X site number for which you will be creating online CVRs. If you have only one Title X site, that site number will appear automatically in the Site Box. If you have more than one Title X site, click on the arrow in the site selection box so that a drop down menu appears. This menu will list all the sites for which you are authorized to submit CVRs. You should then click on the site number you want to create CVRs for in this session.

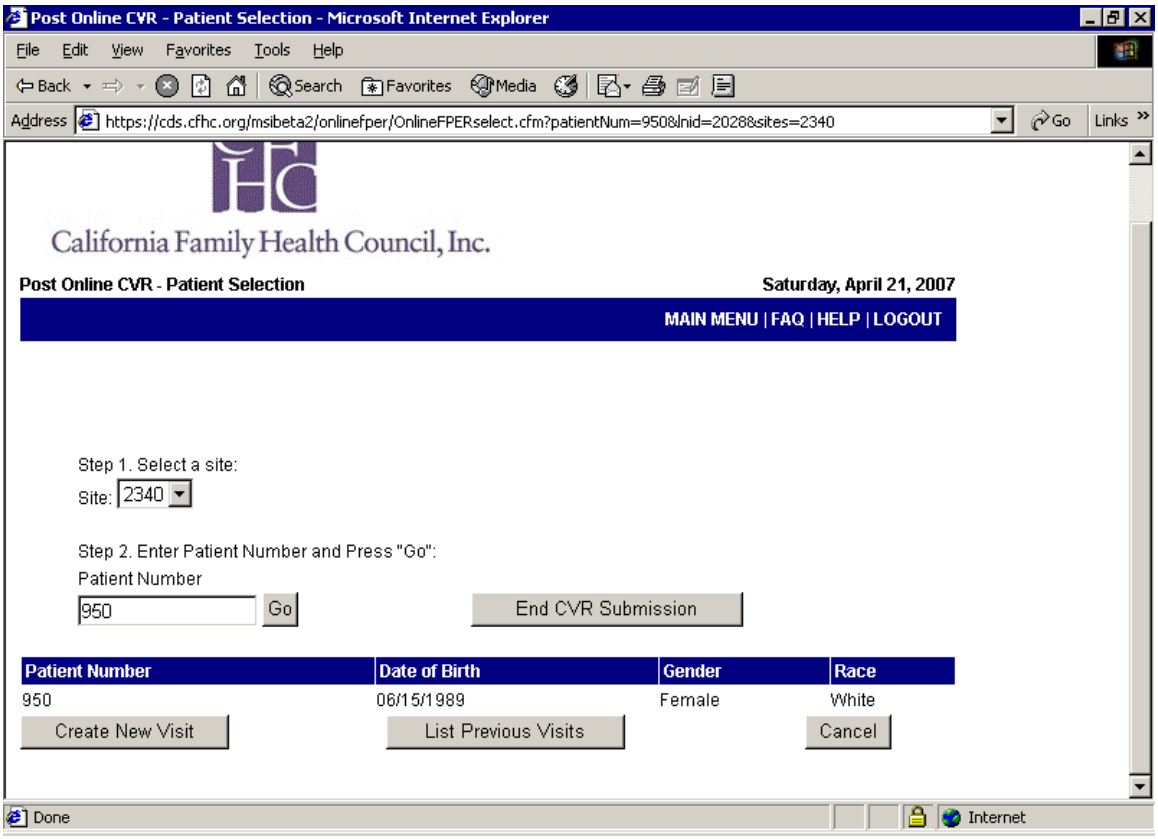
You have two options in using the Post Online CVR feature: 1) Edit an existing record that is in the CDS database or 2) Create a new record.

Edit an Existing Record

To edit an existing record, select the site, enter the Patient Number for the record you wish to edit, then click “Go”. . Enter your patient number exactly as you use it in your Title X clinic. Please note that after you enter a number with leading zeroes, the zeroes will not appear in the online CVR, but the correct patient will still be selected by the CDS.

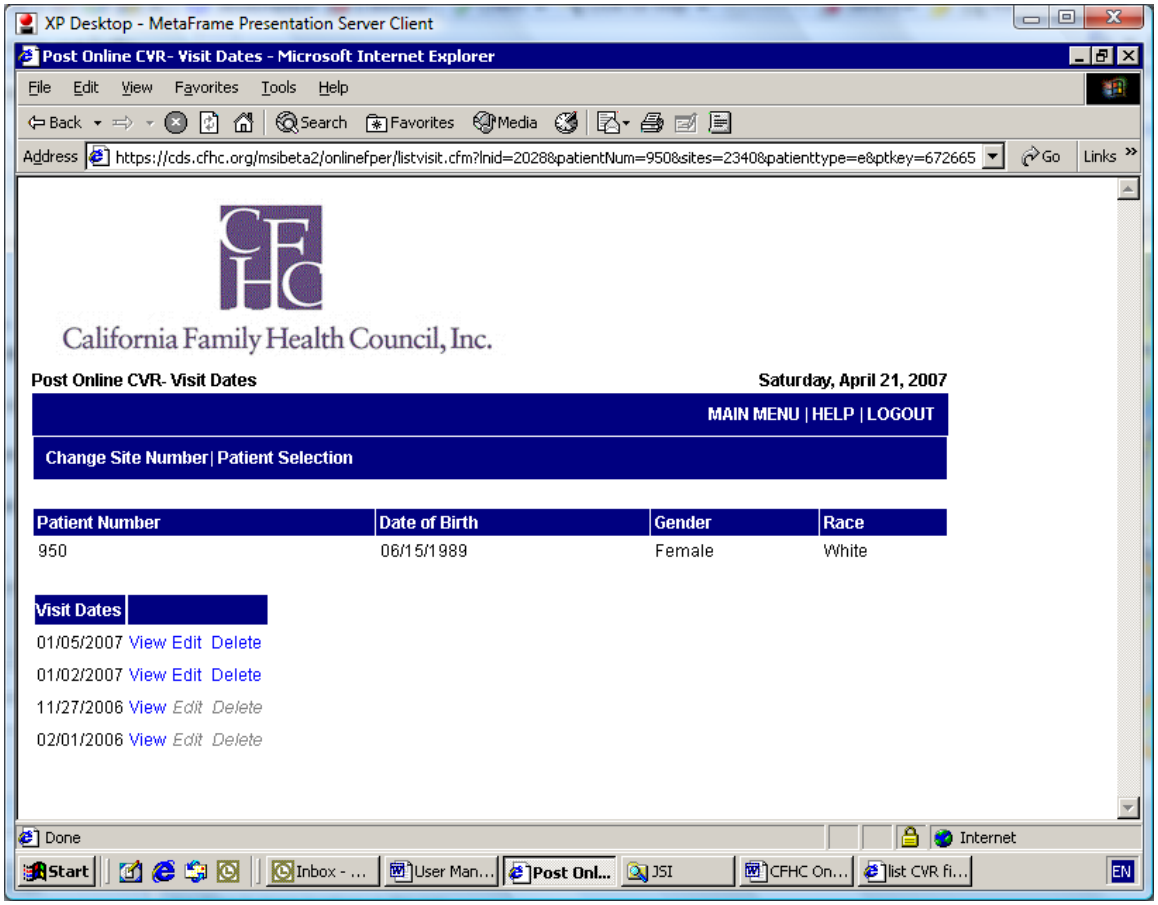
An information screen with limited information about the patient will appear, allowing you to verify that you have selected the correct patient. This information includes the patient number you entered, the date of birth, the gender and the race of the patient.

If this is not the patient number you wanted, you can return to the Patient Selection screen by clicking the “Cancel” button.



If the number you entered is not in the database, the CDS will verify that the patient does not exist and you will be able to create a new patient record. If you think that the patient is a continuing patient and the CDS should have provided the patient information, you may have entered the wrong number. Using the mouse, double click in the patient number field to highlight the number you originally entered, retype the correct patient number and click “Go” again.

If this is the correct patient, you may either enter a new visit for the patient by clicking the “Create New Visit” button, or you may view or edit the patient’s previous visits by clicking the “List Previous Visits” button.

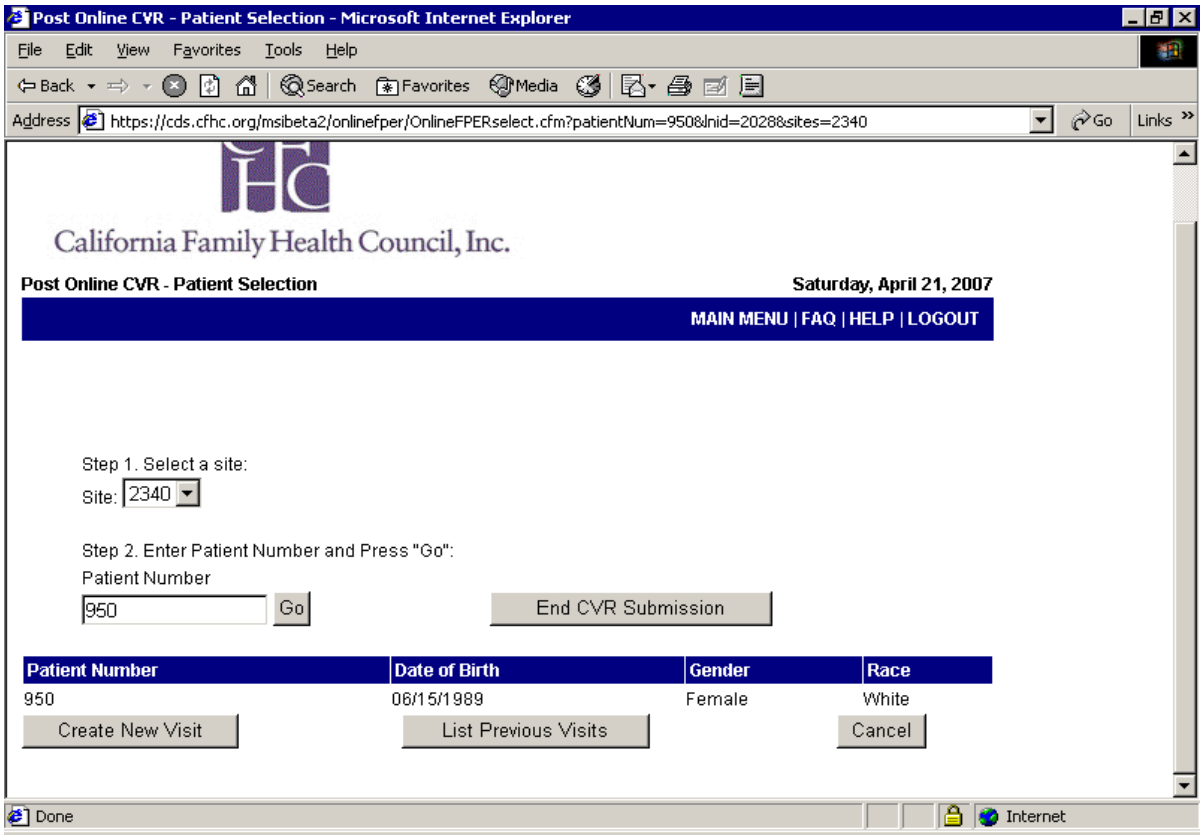


The CDS allows you to edit information in the database for the current year. If you wish to change any information for a CVR, click on Edit and you will be allowed to change information. If you wish to delete the entire CVR, click on Delete.

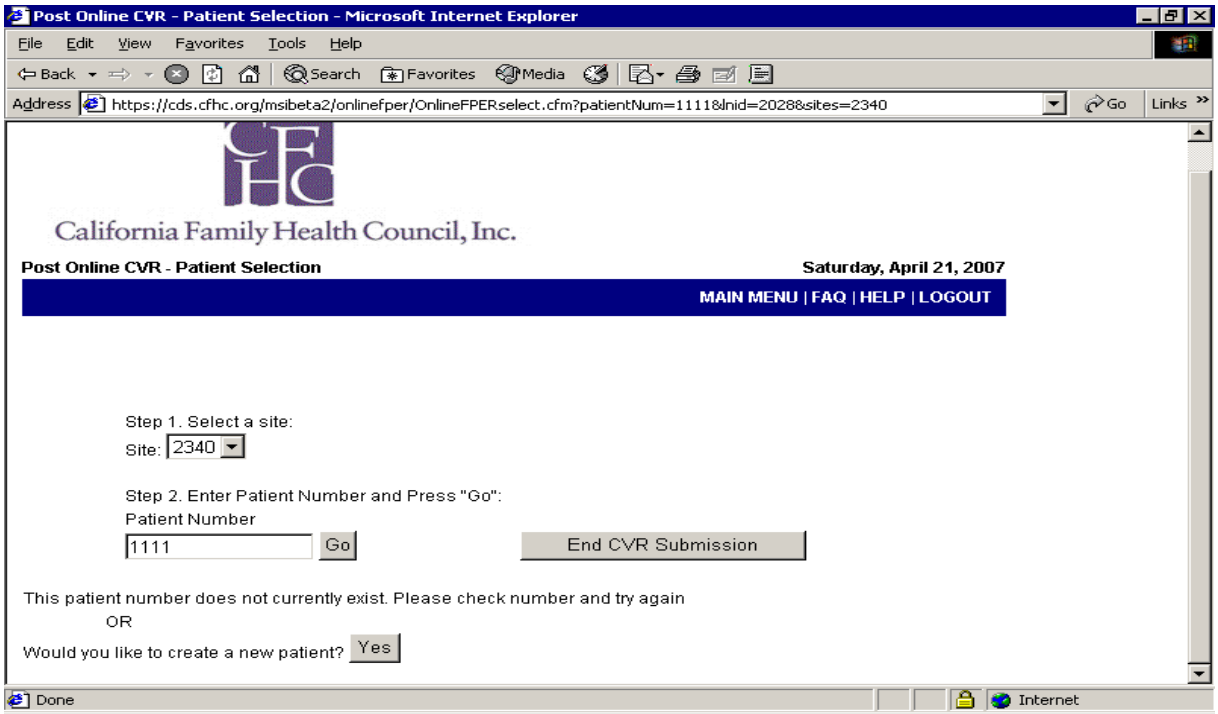
Create a New Client Visit Record

This feature may be used to submit individual CVRs to the CDS database. Agencies can use this to submit corrected CVRs in place of uploading a file.

Select the site at which the patient was seen and enter in the Patient Number. If the patient already exists in the database you will see the same confirmation screen as above. You can select “Create New Visit” at this point to start a new CVR for the patient.

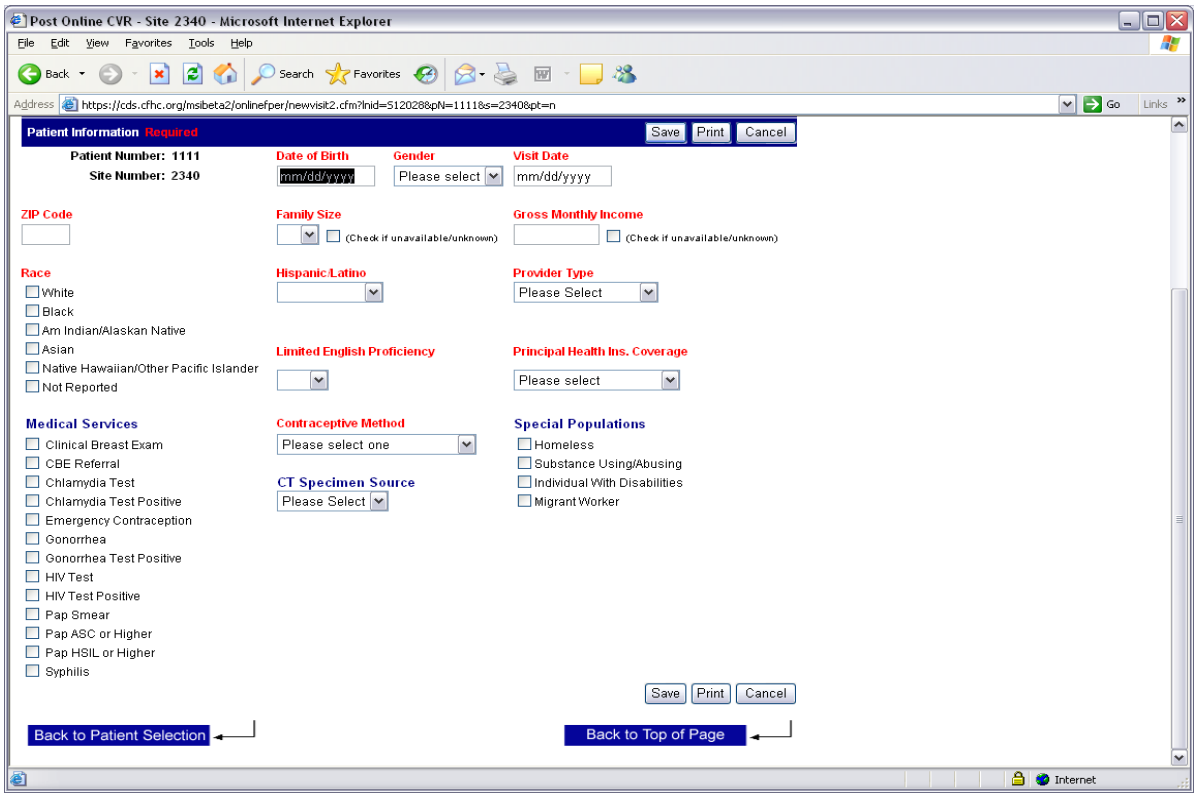


If the patient is new to the CDS database you will see the following screen:


Post Online CVR - Patient Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/msibeta2/onlinefper/OnlineFPERselect.cfm?patientNum=1111&lnid=2028&sites=2340
Go Links
California Family Health Council, Inc.
Post Online CVR - Patient Selection
Saturday, April 21, 2007
MAIN MENU | FAQ | HELP | LOGOUT
Step 1. Select a site:
Site: 2340
Step 2. Enter Patient Number and Press "Go":
Patient Number
1111
Go
End CVR Submission
This patient number does not currently exist. Please check number and try again
OR
Would you like to create a new patient? Yes
Done
Internet

Click YES to create a new patient and a new CVR for that patient.

The Post Online CVR screen allows you to enter all information necessary to post a CVR to the CDS database.



Entering data for a new CVR:

1. The screen will show the site number and the patient number you have selected at the top of the page. You should always be sure to check again before entering any information that these are the correct site and patient numbers for the information you are about to enter.
2. With the exception of Medical Services/Visit Type and Special Populations, every field is required with every submission and is shown on the screen in RED. Medical Services and Special Populations are shown in BLUE. To move through the fields on the screen, you may mouse click, or press the tab key.
3. Most fields have drop down menus, which provide you with the CDS approved values for the field.
4. For the Date of Birth and Visit Date fields, you must enter in the format shown: mm/dd/yyyy.
5. For the Race field, you can check more than one racial category if the client indicates more than one race. While multiple races can be selected on the screen, CDS will combine multiple races in a “more than one race” category.

6. For the family size and income fields, if these are not known you may check the unknown box.
7. In the Medical Services/Visit Type field you can check options.
8. In the Special Populations field you can check more than one category if applicable.
9. If any required information is missing or invalid, you will get an error message that tells you exactly what you need to correct.

To save the information you entered, select the **Save** button.

Ending CVR Posting

After entering all online CVRs you must return to the Patient Selection screen and click on the "End CVR Submission" button. By doing this, you are concluding your CVR entry and the CDS will assign you a batch number. This batch number is how you will retrieve and track your submissions through Audit Reports.

8.0 Adding or Deleting Sites

If an agency wishes to add a new site to its system or remove a site, **CFHC must be notified at least one month in advance** to insure that appropriate changes can be made to the CDS data conversion maps.

9.0. CDS Reports

CFHC has developed reports that Delegate Agencies can access at any time from the main menu of CDS in order to view their agency-specific tables. There are 3 types of reports:

1. Management Reports
2. FPAR Reports
3. Ad Hoc Reports

9.1 Management Reports

The following management reports are currently available. Each report is broken out by clinic site. Reports are only available for information that an agency submits to the CDS (for example, if you do not include data on clinical breast exams in the monthly or quarterly data file to CFHC, you will not be able to generate a report on clinical breast exams).

SI: Services Summary

This report provides a visit summary of all medical services provided during the reporting period.

U1: User Summary

This report provides a summary of number of unduplicated users by clinic site by:

- Gender
- Poverty level
- Health insurance
- Race
- Ethnicity
- Special Populations
- Limited English Proficiency
- Age
- Zip code

U2: Users by Gender

This report provides a summary of number of unduplicated female and male users by:

- Age
- Poverty level
- Health insurance
- Race
- Ethnicity
- Limited English Proficiency
- Zip code

U3: Users by Contraceptive Method by Gender

This report provides a summary of number of unduplicated users by contraceptive method by:

- Age
- Gender

U4: Users by Poverty Level

This report provides a summary of number of unduplicated users by poverty level by:

- Age
- Health insurance

U16: Services Utilized by Unique Users

This report provides a summary of services utilized by number of unduplicated users by:

- Gender
- Age

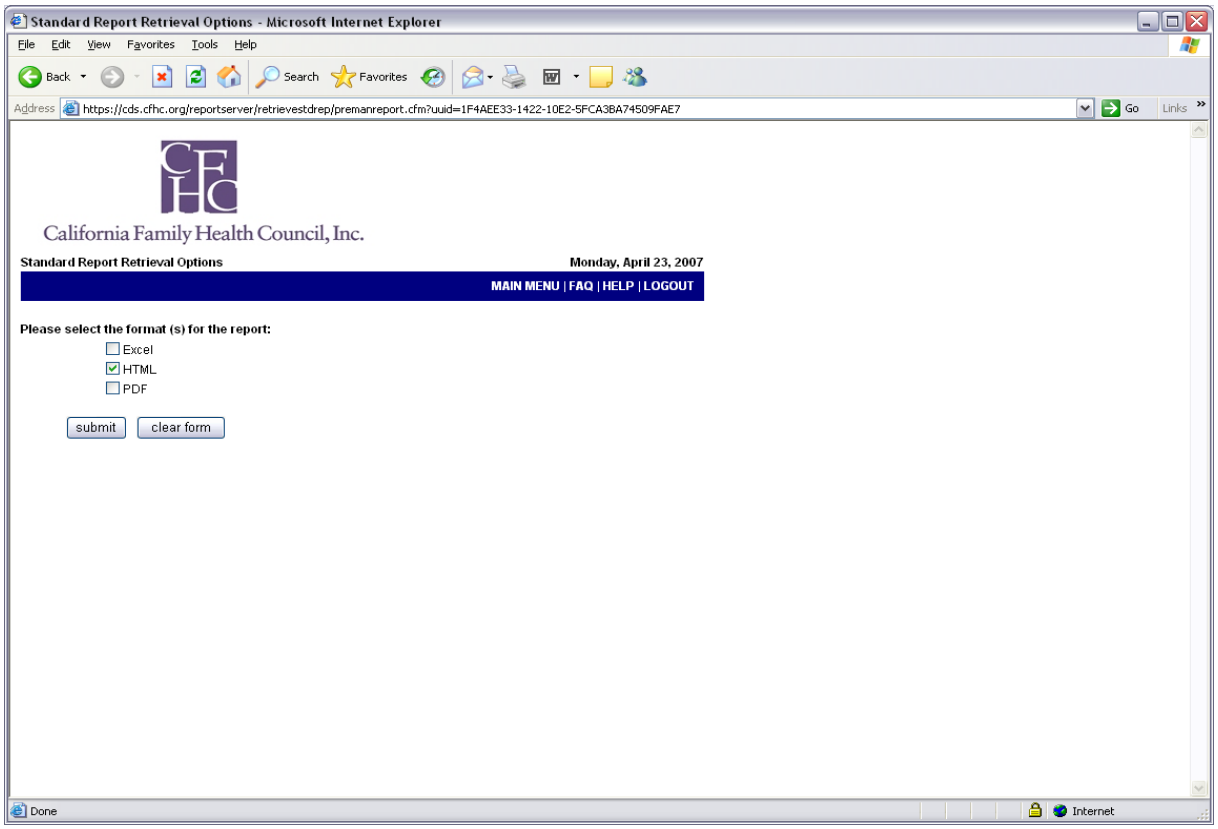
V1: Visit Summary

This report provides a summary of the number of visits by:

- Age
- Poverty level
- Health insurance
- Race
- Ethnicity
- Limited English Proficiency

To access any of the reports above, click on Management Reports from the main menu. You are then asked in what format you would like the report to be generated. The options are:

- Excel
- HTML
- PDF

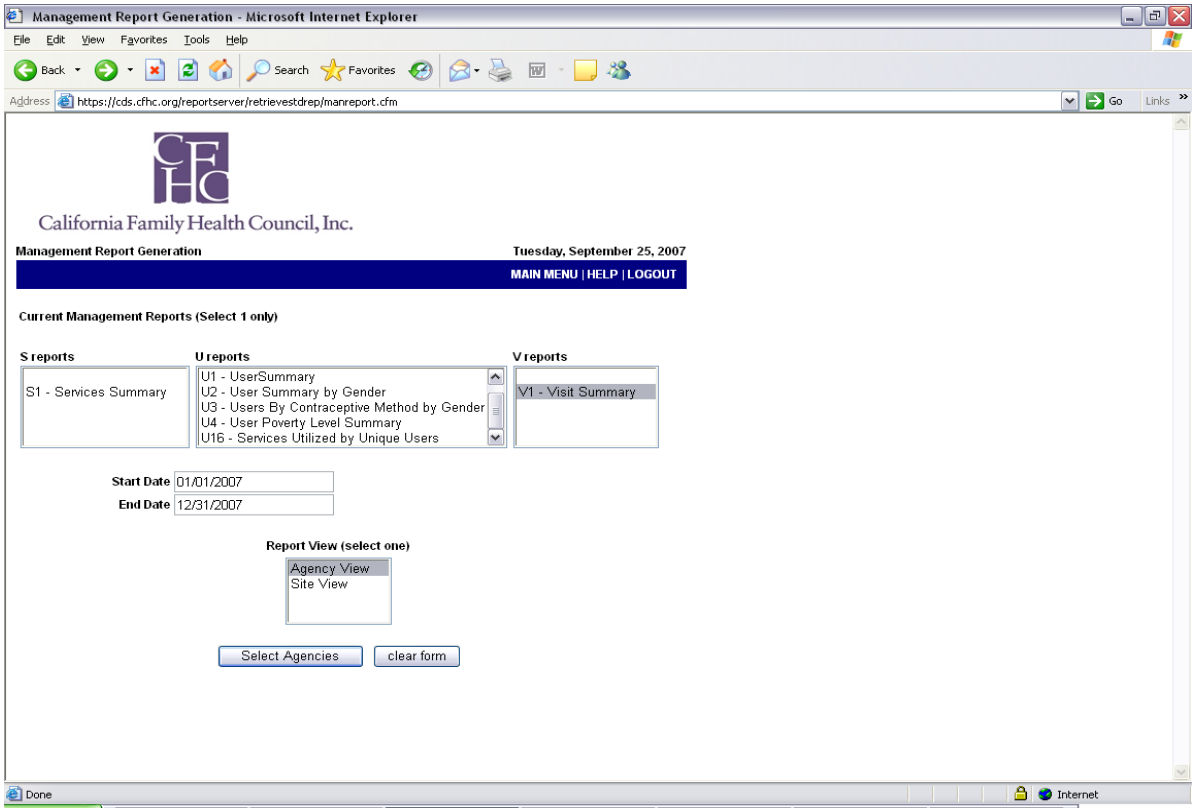


Make your selection and click on **submit**.

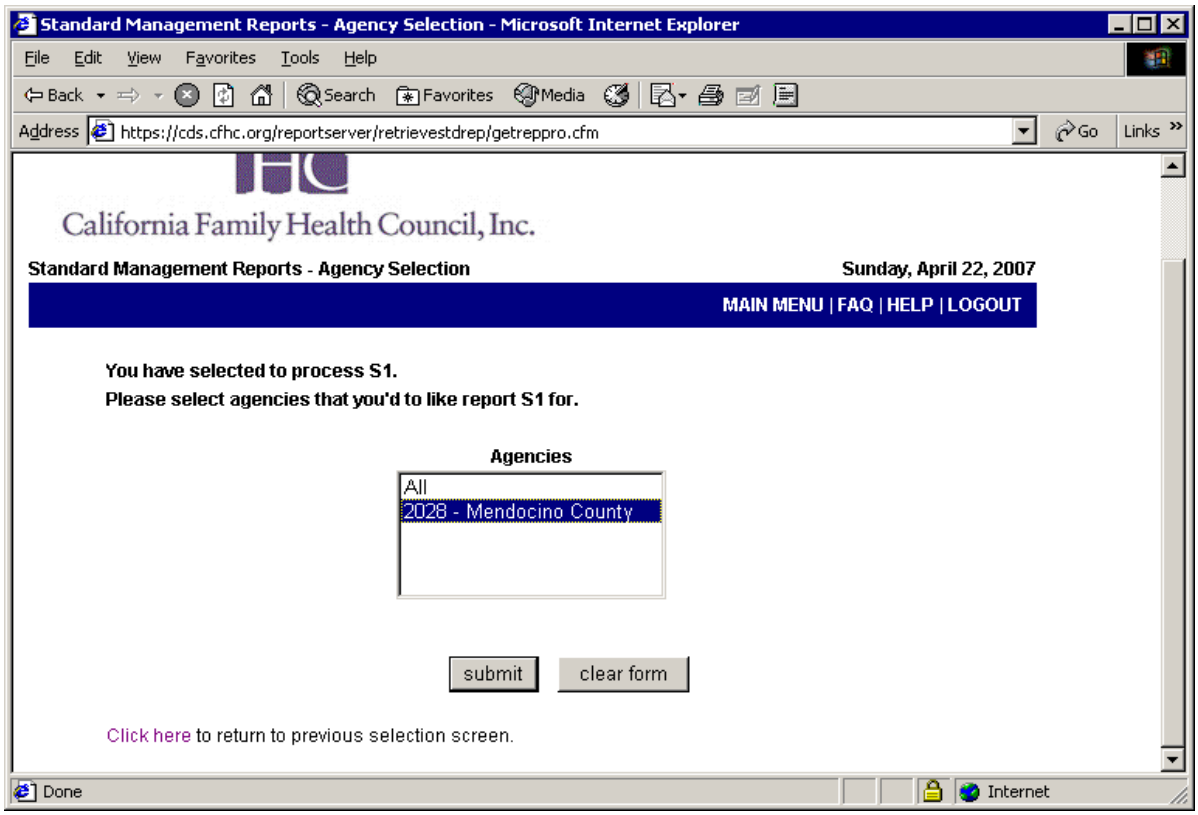
You will then come to the following screen where you select which report you would like to run. Please note on this page:

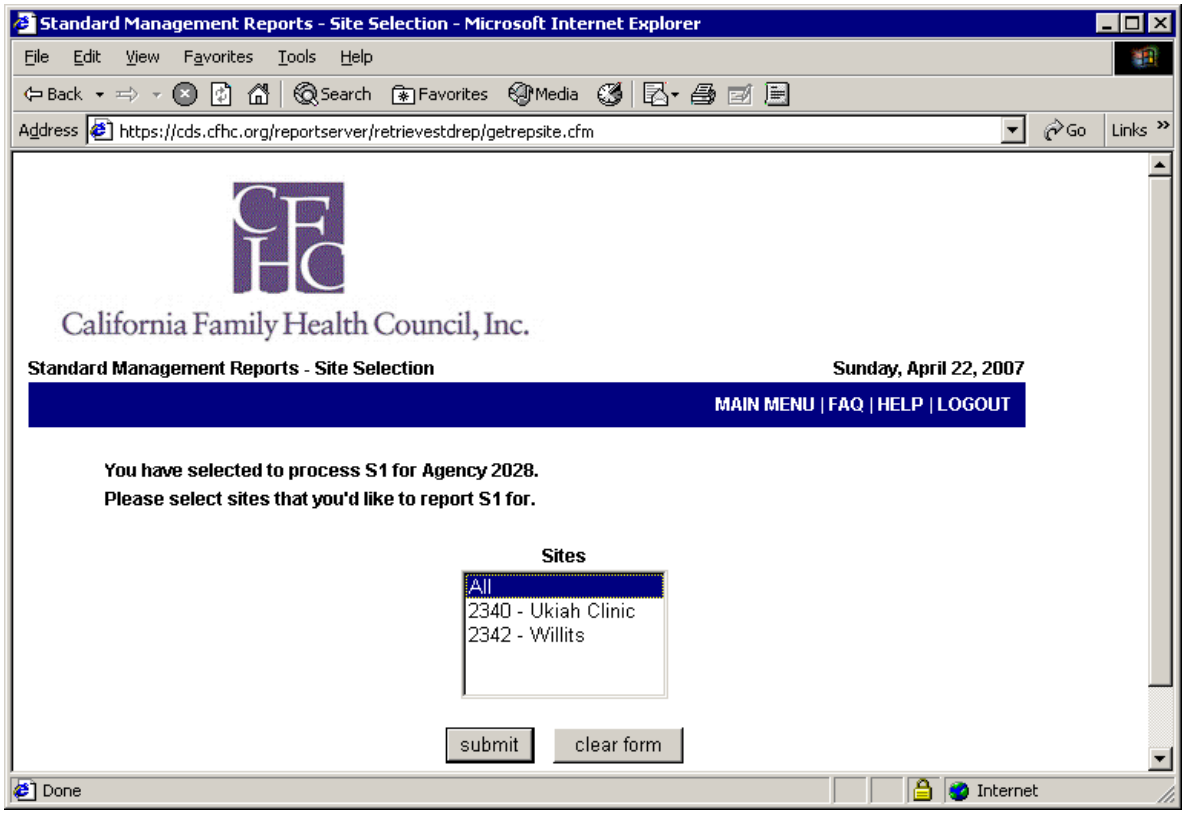
- You may only choose one report at a time. (If you accidentally click more than one: to deselect a report you need to hold down the control key and click on the report you wish to deselect.)
- You must provide the reporting period you would like to be included in the report. Use the format mm/dd/yyyy when entering dates.
- Select whether you wish to view it at the agency level or site level.

Then click on **Select Agency**.



The following two screens ask you to choose the agency and sites you would like to include. Agencies only have access to their own agency and clinic sites.


Standard Management Reports - Agency Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/reportserver/retrievestdrep/getreppro.cfm
Go Links
California Family Health Council, Inc.
Standard Management Reports - Agency Selection
Sunday, April 22, 2007
MAIN MENU | FAQ | HELP | LOGOUT
You have selected to process S1.
Please select agencies that you'd to like report S1 for.
Agencies
All
2028 - Mendocino County
submit
clear form
Click here to return to previous selection screen.
Done
Internet


Standard Management Reports - Site Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://cds.cfhc.org/reportserver/retrievestdrep/getrepsite.cfm
Go Links
California Family Health Council, Inc.
Standard Management Reports - Site Selection
Sunday, April 22, 2007
MAIN MENU | FAQ | HELP | LOGOUT
You have selected to process S1 for Agency 2028.
Please select sites that you'd like to report S1 for.
Sites
All
2340 - Ukiah Clinic
2342 - Willits
submit
clear form
Done
Internet

On each of the above screens, choose your agency and the sites you wish to include and click on **submit**. If you wish to include all clinic sites you may choose "All." If you wish to include only a subset of the clinic sites, click on one and hold down the shift key to select additional sites.

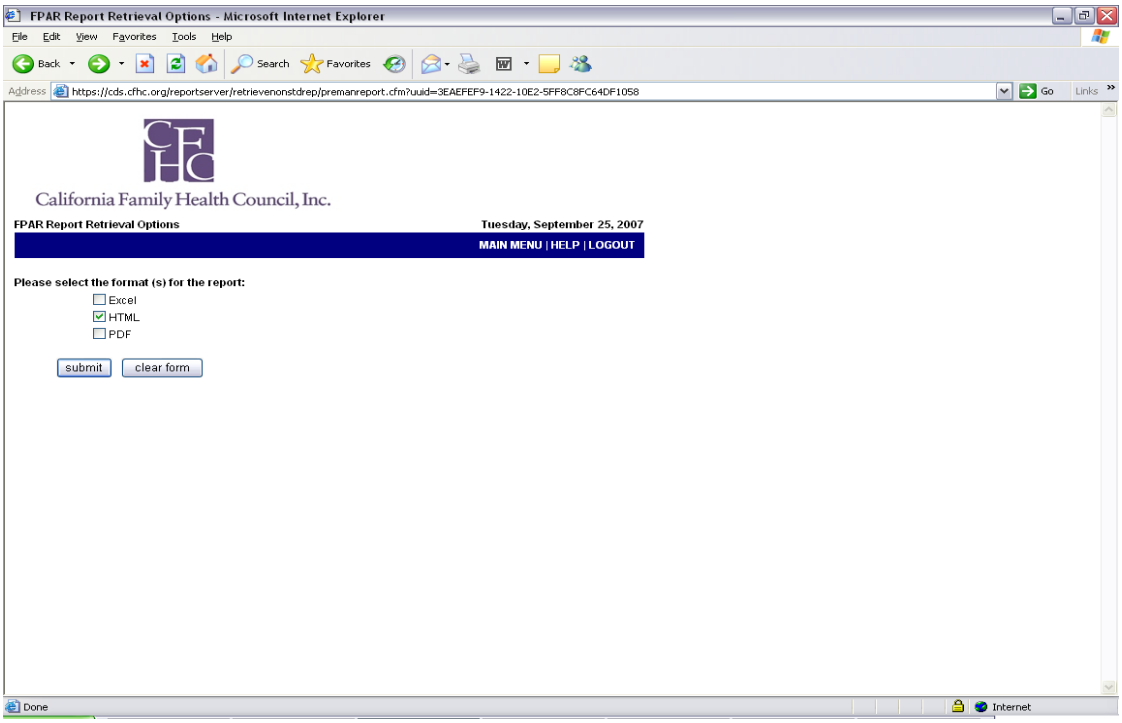
The report you requested will then be generated. You can save and print the reports. When printing you may need to choose the landscape format in order to capture everything on the page.

9.2 FPAR Reports (originally Family Planning Annual Report)

You can also generate FPAR table reports directly from CDS. These FPAR Tables 1 – 13 will match the Semi-Annual Progress Report (SPR) Tables 1 - 13 on CFHC's Extranet application. They are available on CDS for the total agency and by clinic site.

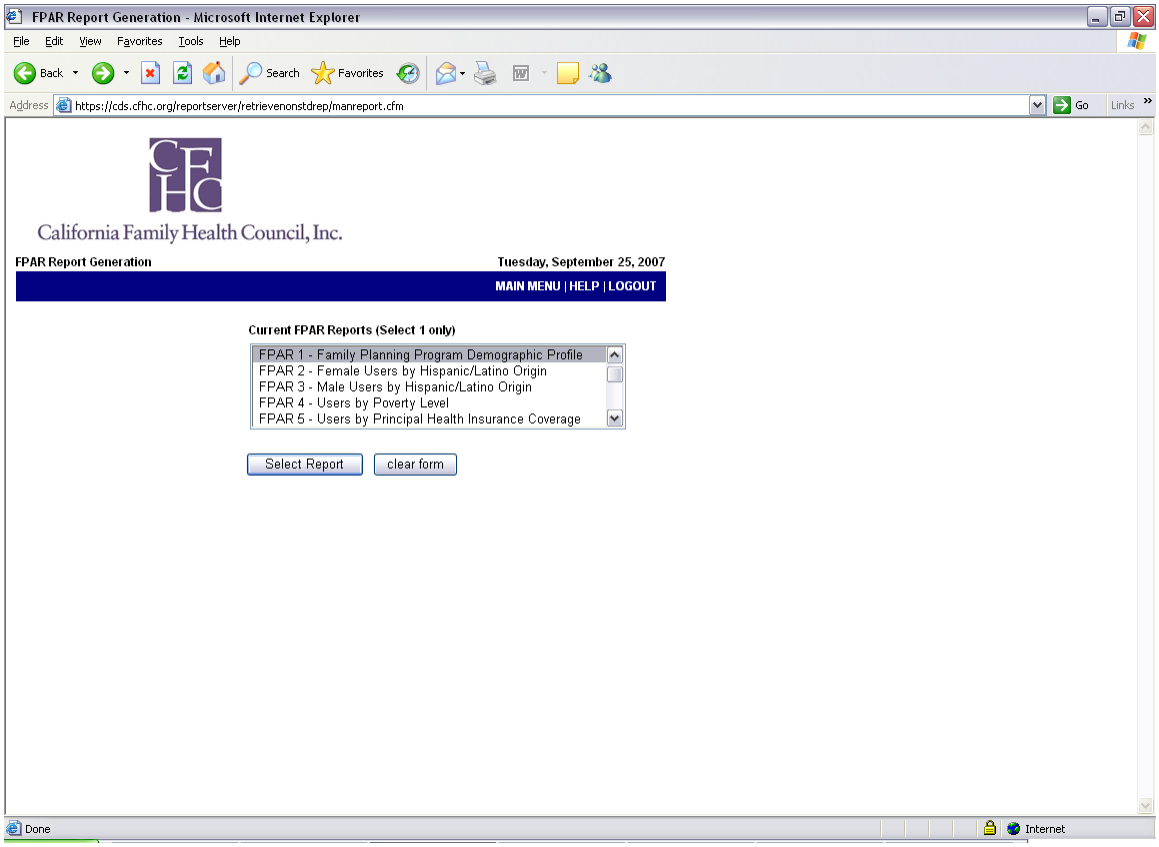
To access these reports, click on FPAR Reports from the main menu. You are then asked in what format you would like the report to be generated. The options are:

- Excel
- HTML
- PDF



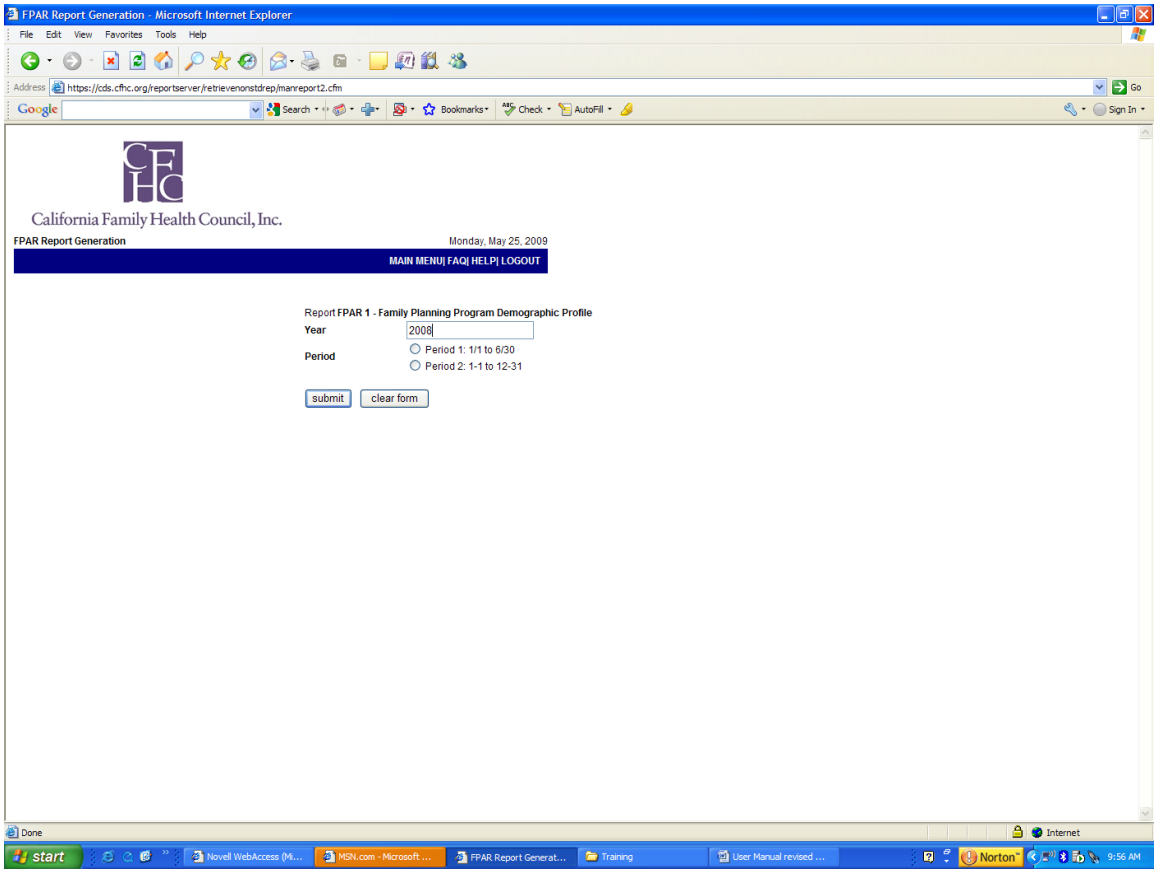
Make your selection and click on **submit**.

The following screen will ask you to select which report you would like to run. Please note that you may only choose one table at a time.

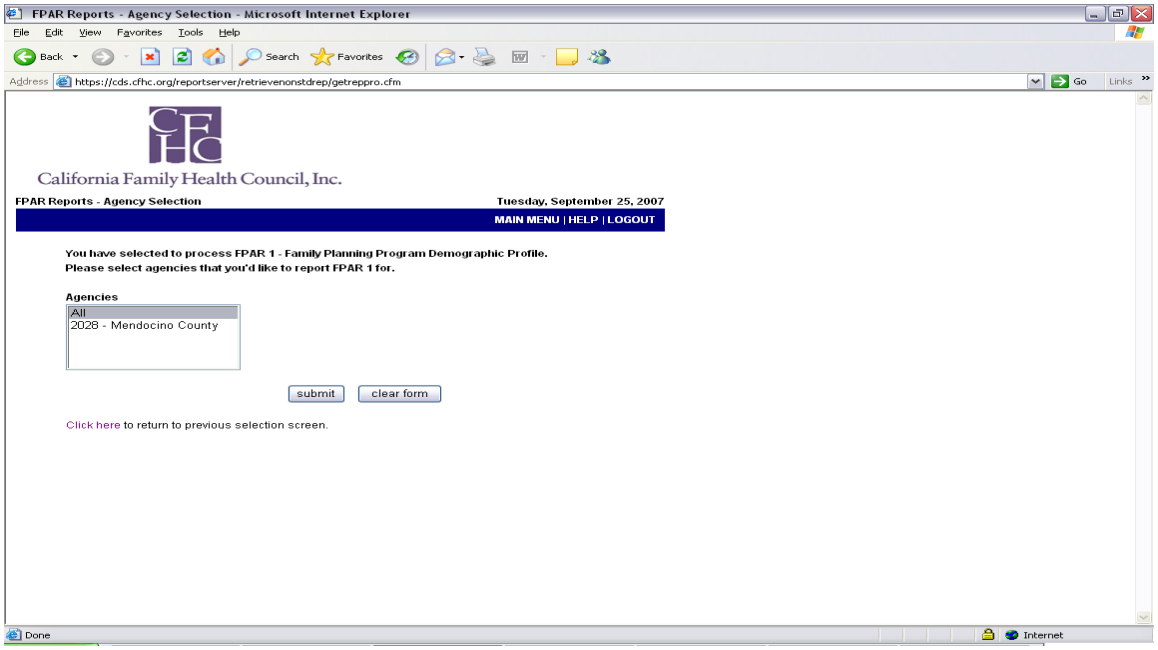

FPAR Report Generation - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://cds.cfhc.org/reportserver/retrievenonstdrep/manreport.cfm
Go Links
California Family Health Council, Inc.
FPAR Report Generation
Tuesday, September 25, 2007
MAIN MENU | HELP | LOGOUT
Current FPAR Reports (Select 1 only)
FPAR 1 - Family Planning Program Demographic Profile
FPAR 2 - Female Users by Hispanic/Latino Origin
FPAR 3 - Male Users by Hispanic/Latino Origin
FPAR 4 - Users by Poverty Level
FPAR 5 - Users by Principal Health Insurance Coverage
Select Report
clear form
Done
Internet

Then click on **Select Report**.

The next screen asks you to indicate for what year or period you would like the report. Note that these tables can be run for two different time periods: **Semiannual midyear** (January- June) or **Semiannual year end** (January – December). The report that is generated will include cumulative year-to-date information.



The following screen asks you to choose the agency you would like to include. Agencies only have access to their own agency.


FPAR Reports - Agency Selection - Microsoft Internet Explorer
California Family Health Council, Inc.
FPAR Reports - Agency Selection
Tuesday, September 25, 2007
MAIN MENU | HELP | LOGOUT
You have selected to process FPAR 1 - Family Planning Program Demographic Profile.
Please select agencies that you'd like to report FPAR 1 for.
Agencies
All
2028 - Mendocino County
submit
clear form
Click here to return to previous selection screen.

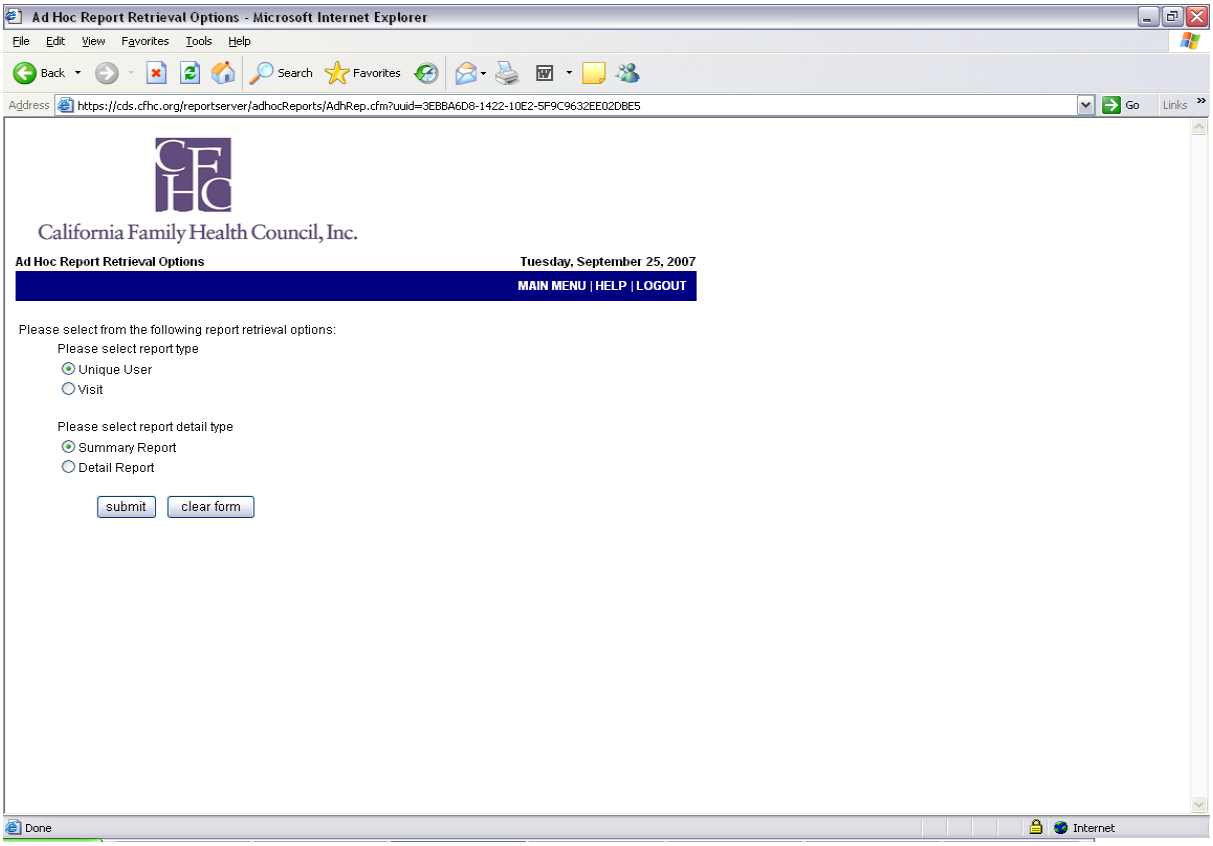
Choose your agency name and click on **submit**.

The report you requested will then be generated. You can save and print the reports. When printing you may need to choose the landscape format in order to capture everything on the page.

9.3 Ad Hoc Reports

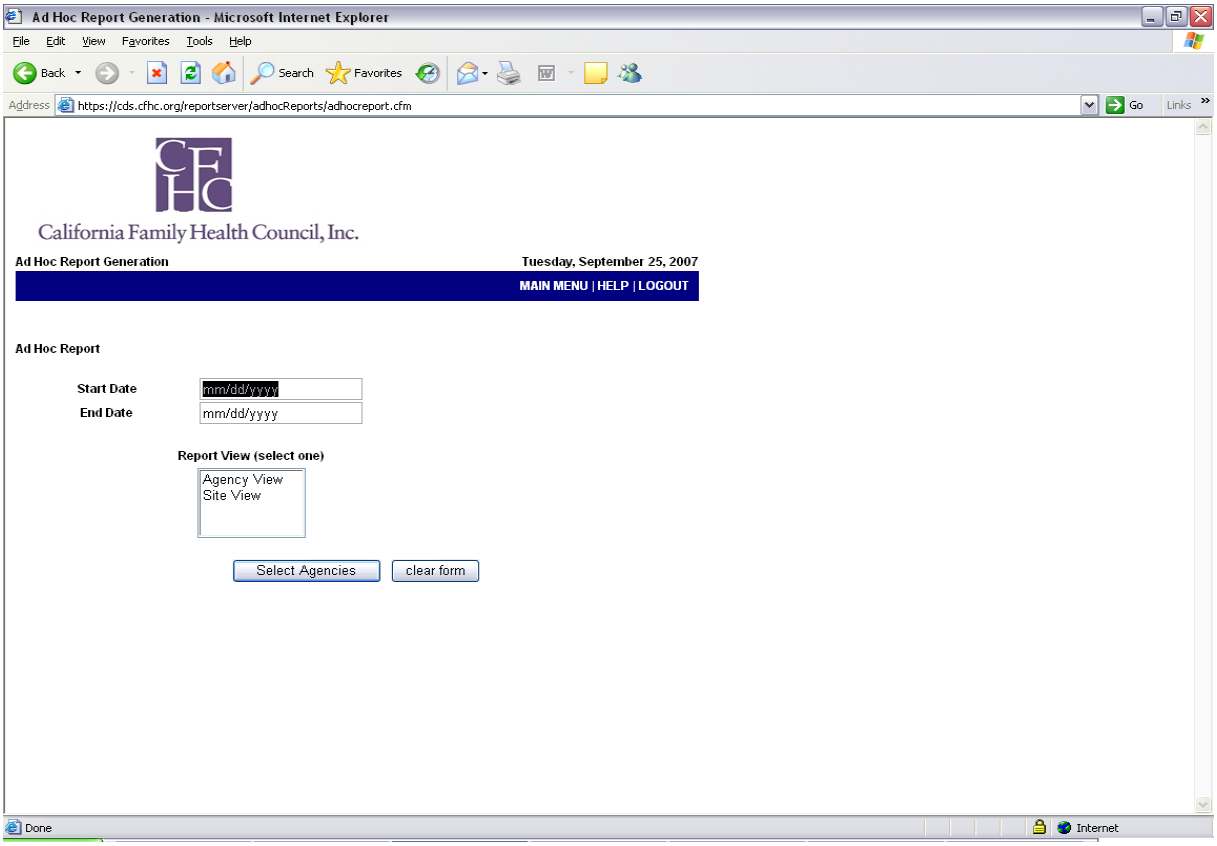
This reporting feature is an ad hoc tool that can be used to query your data in various ways. It can be used to track specific data fields and to conduct chart reviews. You can choose up to three fields to analyze.

To access this report click on Ad Hoc Reports from the main menu. You will see the following screen which asks you to specify if you would like a report run by unduplicated user or visit. Click on your selection.

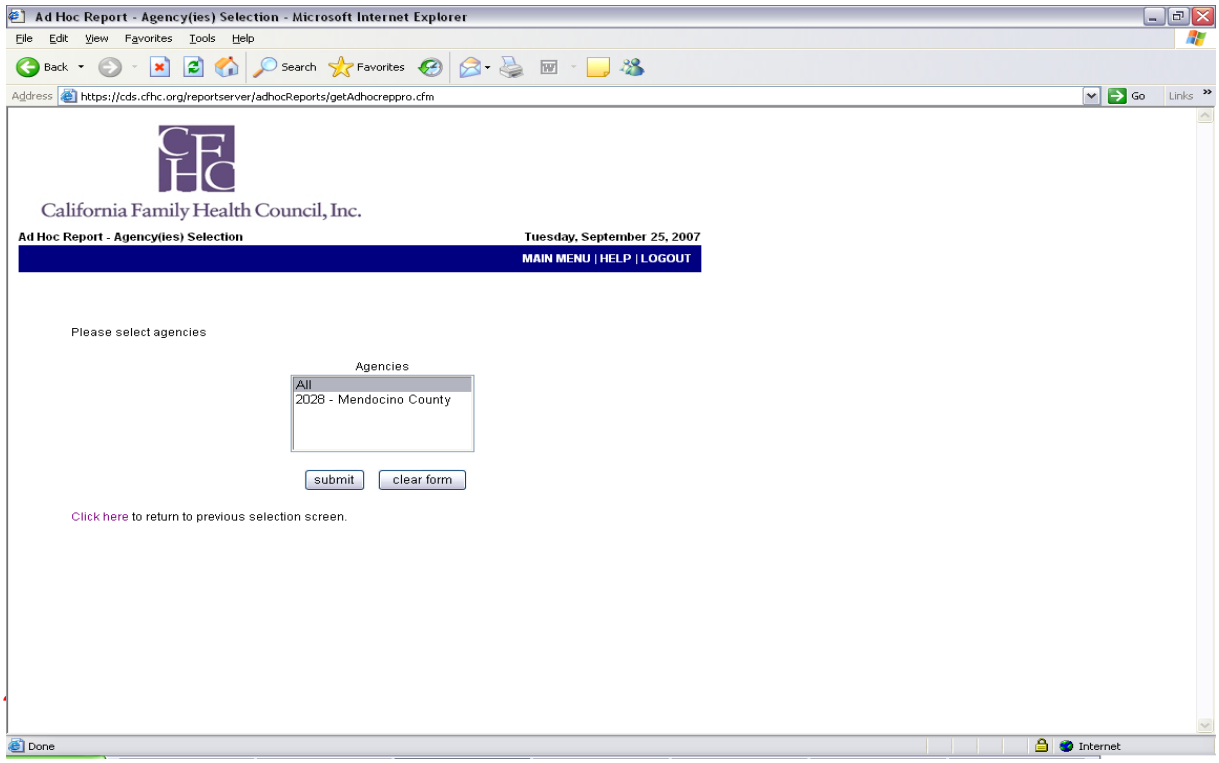


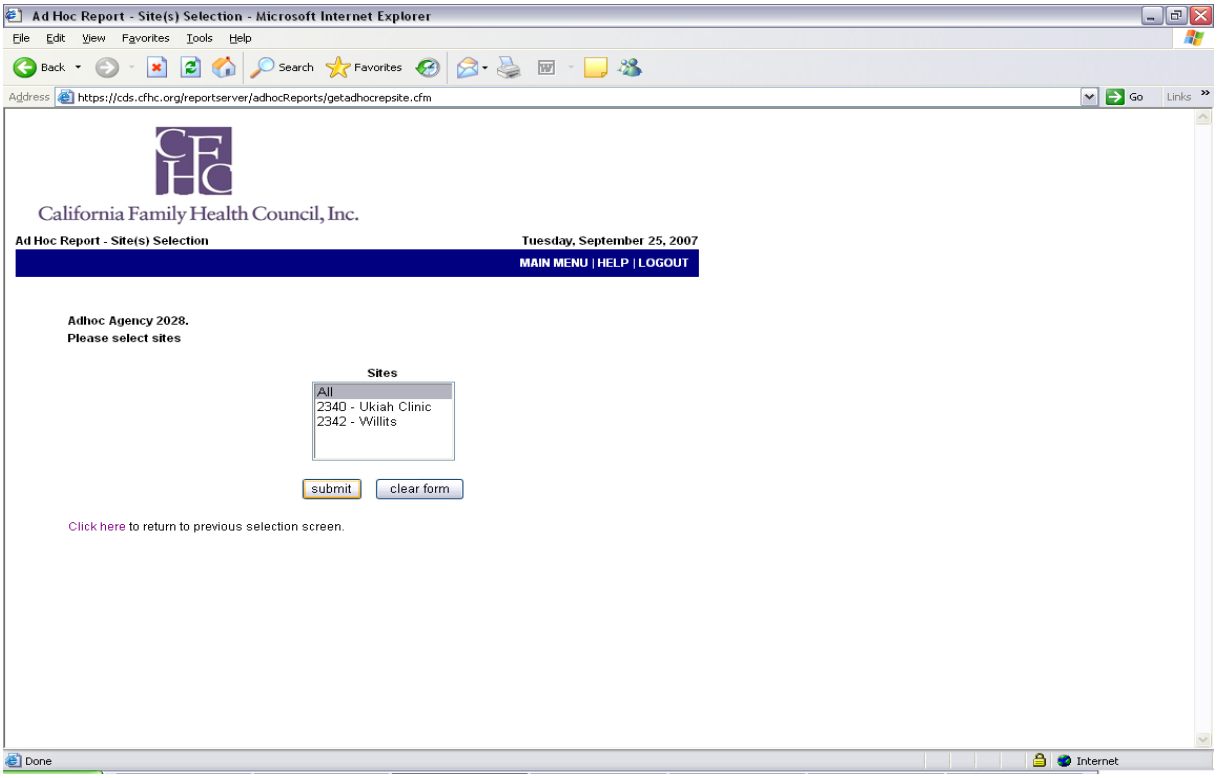
It also asks you to select whether you would like a summary report or detail report. A Summary Report will give you the total numbers only for the fields being queried. A Detail Report will provide you with a list of patient identification numbers for those patients in the query. The Detail Report should be run if the report is being used to review individual patient accounts or to conduct a chart review. Click on your selection for summary or detail report and click on **submit**.

The following screen asks you to specify the reporting period and whether you want to view it by agency or site level. Please use the format mm/dd/yyyy when entering dates. Then click on **select agencies**.



The following two screens ask you to choose the agency and sites you would like to include. Agencies only have access to their own agency and clinic sites.



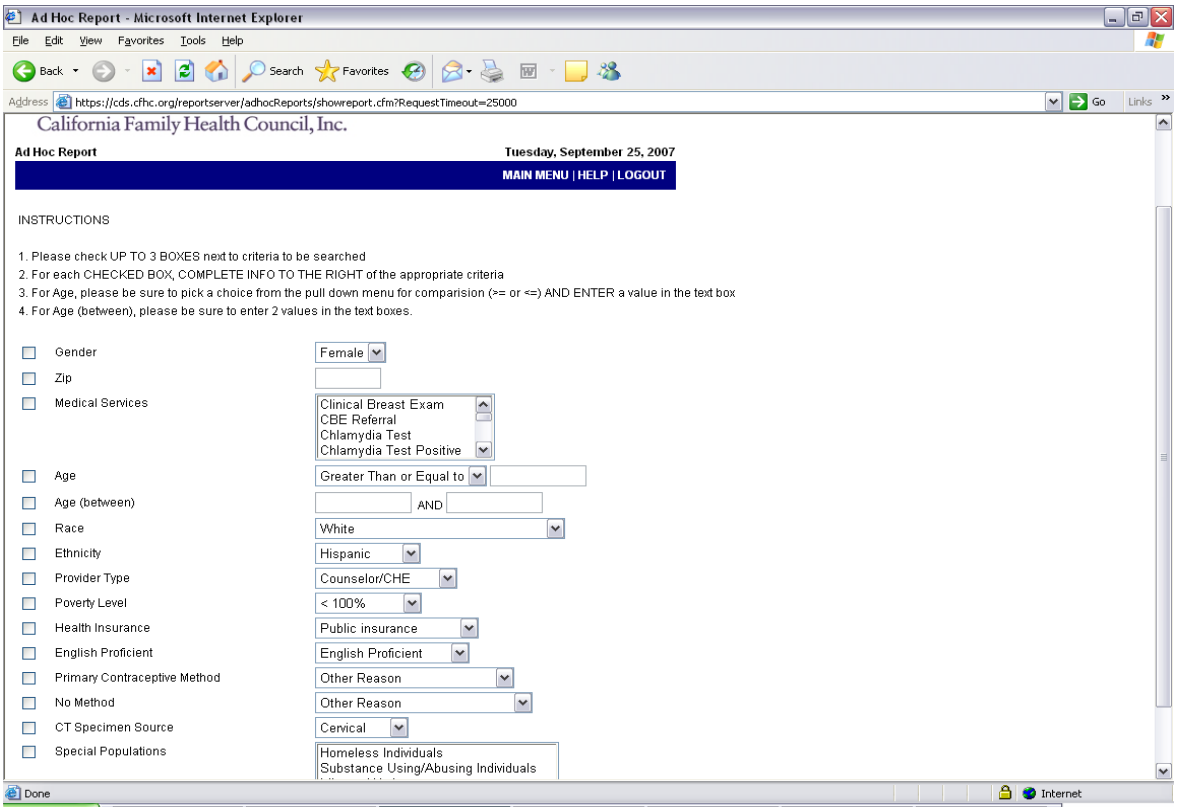


On each of the above screens, choose your agency and the sites you wish to include and click on **submit**. If you wish to include all clinic sites you may choose "All." If you wish to include only a subset of the clinic sites, click on one and hold down the shift key to select additional sites.

The next screen allows you to choose up to three fields to analyze. Click on the boxes to the left to indicate you would like that field included in the report. Use the drop down boxes where indicated to select the specific value you want to include.

If age is one of your selected criteria, be sure to include the value or range you wish to include.

For Medical Services and Special Populations, you may choose more than one value in the drop down boxes by holding down the shift key when making your selection. If you choose more than one value, the report will provide information on clients for which both values were reported. For example, in Medical Services if both Clinical Breast Exam and Emergency Contraception are selected, the report will provide information on those clients to whom both of those services were provided.



When all desired fields are selected, click on **submit**. The report you requested will then be generated. You can save and print the reports.

10.0 Logout From The CDS

When you have finished all activity on the CDS website, you should log out of the application. This is very important because it ensures that you have terminated the connection to the CDS database, and no unauthorized users can access the information there. To log out at any time, click on the LogOut link on the navigation bar at the top of any screen. This will cause your session to end and will log you out of the website. To return to the website, you must log in once again using the log in procedures.

11.0 Semi-Annual Progress Report (SPR)

11.1 Viewing Data

At the end of each month or quarter, the Semi-Annual Progress Report (SPR) system will be updated with data provided by the Centralized Data System for Tables 1-8. Usually, agencies will be able to view their data in aggregate form in the SPR table format the day after they submit corrected data. Data will be presented cumulatively throughout the year. For example, at the end of February, data for January will be shown. At the end of March, data for both January and February will be shown. At mid-year, a 6 month Semi-annual mid-year report (January – June) will be available for viewing.

Agencies submitting their data through the CDS will not be required to complete Tables 9-17 until the year end report. Agencies submitting data manually will be required to submit Table 9-16 both mid-year and year end. At the end of the year, a 12 month Semi-annual year end (January-December) report will be captured and stored in the system for viewing.

11.2 Submission of Aggregate Data

Agencies which do not submit CVRs to CDS will need to provide aggregate data for Tables 1-17 twice per year. Agencies that do submit CVRs to CDS will need to provide aggregate data only for Tables 14-17. This reporting is done through the Semi-Annual Progress Report (SPR).

You will have full access to only those fields in the SPR tables for which you are providing aggregate data. You will have *read only* access to those fields for which you have been providing monthly or quarterly electronic data through CDS.

Agencies are responsible for assessing the accuracy of their CDS data by reviewing the SPR tables at least twice per year.

12.0 Performance Measures

CDS data is used to produce results for several of CFHC's performance measures. These measures are part of the Family Planning Council of America's (FPCA) Performance Measure System and provide valuable information regarding the quality of Title X services throughout California. Results are used to guide quality assurance improvements within agencies as well as to identify the need for technical assistance and training from CFHC.

The use of CDS data for the collection of Performance Measures reduces the amount of work for agency staff. Performance Measure data collection occurs every three years. CFHC will provide information and training to Agencies prior to data collection scheduled in 2012.

CFHC currently uses CDS data for the collection of five performance measures.

Performance Measures Based on CDS Data	
Contraception -1a	90% of contracepting female clients who return to the clinic, continue with <u>any</u> method of contraception for a period of 10 to 15 months unless they are seeking pregnancy.
Contraception-1b *Under development*	*Contracepting female clients who return to the clinic continue with the <u>same</u> method of contraception for a period of 10 to 15 months unless they are seeking pregnancy.* *(Developmental, benchmark to be determined)*
Contraception – 4 *Under development*	*The ratio of less effective to more effective female contraceptive method use increases over a 3-year period.* *(Developmental, benchmark to be determined)*
STD-2	80% of female clients under the age of 26 receive at least one test for chlamydia within a 12- month period.
STD-3	100% of all female clients with a positive chlamydia test result are retested at the first visit that takes place within 2-12 months after the initial test date.
STD – TBD *Under development*	*Gonorrhea screening measure to be developed based on CDC guidelines.*
Males - TBD	*Quality assurance measure needed. To be developed.*
Teens - TBD	*Quality assurance measure needed. To be developed.*

13.0 User Support

Technical and programmatic support is available from CFHC to all CDS users. Any questions regarding the data submission process should be directed to CDSHelpDesk@cfhc.org or call 213 386-5614 X4552. All inquiries will be responded to in a timely manner.

Comments or suggestions on this manual are encouraged, and may be directed to the same e-mail address listed above.

Appendices

FOR TITLE X AGENCIES

A. Requirements of a Family Planning Encounter
B. HIPAA Confidentiality Agreement
C. FPAR Tables
D. Registration Form/Encounter Form Data Collection Recommendations
   Sample Questions-Ethnicity and Race
   Sample Questions-Primary Method.
   Sample Questions-Special Populations
   Sample Title X Data Collection Form (for Manual CDS entry)

Appendix A. Requirements of a Family Planning Encounter

CLIENT

- ✓ Female ages 10 - 55 OR Male ages 10 - 60
- ✓ Seeks to avoid unintended pregnancy OR achieve pregnancy
- ✓ Must not be post-menopausal

ENCOUNTER

- ✓ Face-to-face
- ✓ Takes place at a Title X site
- ✓ Regardless of payment source
- ✓ Regardless of provider type

SERVICE ***(at least ONE must apply)***

Medical service aimed at avoiding unintended pregnancy or achieving pregnancy
OR Counseling to avoid unintended pregnancy or achieve pregnancy
OR Related medical service such as Pap smear or STI screening and/or treatment
OR Follow-up medical service directly related to client's method of contraception

DOCUMENTATION REQUIRED

- ✓ Documented in client's individual record
- ✓ Must include primary method of contraception

Appendix B. HIPAA Confidentiality Agreement

This HIPAA Confidentiality Agreement ("**Agreement**") is dated _____, and supplements and is made a part of the CFHC Title X Family Planning Program Contract ("**Contract**") between California Family Health Council, Inc. ("**CFHC**") and _____ ("**Covered Entity**").

RECITALS

A. CFHC administers Title X funds under a grant from the federal Office of Population Affairs (OPA) to participants in the Family Planning Program (the "Program") for provision of family planning services in California. In administering the Program, CFHC is a Health Oversight Agency, as that term is defined in the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and more specifically, the HIPAA privacy regulations, 45 CFR Part 160 and Part 164, Subparts A and E, the Standards for Privacy of Individually Identifiable Health Information and the HIPAA security regulations, 45 CFR Part 164, Subpart C, the Security Standards for the Protection of Electronic Protected Health Information.

B. Covered Entity participates in the Program and receives Title X funds pursuant to the Contract. Section 19 of the Contract regarding confidentiality of patient information provides that "Notwithstanding any other provisions contained herein, CFHC and its funding source [OPA] have the right to request and receive all records related to the administration, monitoring, and audit of this contract."

C. Covered Entity is required to submit a Family Planning Annual Report (FPAR) to CFHC and OPA containing aggregate data of family planning services provided with Title X funds. CFHC is implementing a Centralized Data System (CDS) to collect patient level encounter records from participants. CFHC will use data received from participant to prepare participants' FPAR report. The CDS is intended to provide CFHC, OPA and the participant with higher quality and more consistent data regarding use and need of Title X funding in California, without significantly increasing the reporting burden. CFHC will store the data collected and may use the data for analysis, trending, audit and other purposes related to the administration of the Family Planning Program.

D. The data to be provided by Covered Entity to CFHC may be Protected Health Information under HIPAA. The parties intend to protect the privacy and provide for the security of any Protected Health Information in compliance with applicable laws and regulations, as currently in effect or as amended.

WHEREFORE, in consideration of the mutual promises below and other good and valuable consideration, the parties agree as follows:

Definitions Terms used in this Agreement have the same meaning as those terms in HIPAA. This section is provided for clarity and is not intended to change the statutory definition of any term.

"**Health Oversight Agency**" is defined in 45 CFR § 164.501 and generally means a public agency authorized by law to oversee government programs in which health information is necessary to determine eligibility or compliance and includes a person administering such a program under a grant of authority from or contract with a public agency.

"**Protected Health Information**" or "**PHI**" is defined in 45 CFR § 164.501; however, the definition is limited to information created, received, maintained or transmitted by CFHC from or on behalf of Covered Entity, and generally, includes information that relates to a past, present or future health condition, care or payment of an individual that identifies (or reasonably may be used to identify) the individual.

"**Secretary**" means the Secretary of the Department of Health and Human Services or his/her designee.

Use and Disclosure for Purposes of the Agreement

Use and Disclosure of PHI: CFHC may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

Limitation: Covered Entity may not request CFHC to use or disclose PHI in a manner that would not be permissible under HIPAA if done by Covered Entity.

Use and Disclosure for CFHC's Purposes

Minimum Necessary. In requesting, using or disclosing PHI, CFHC agrees that it will request, use or disclose only the minimum amount of PHI necessary to accomplish a permitted purpose.

Use of PHI. CFHC may use PHI if necessary for the proper management and administration of the Family Planning Program or CFHC and to carry out its legal responsibilities. Without limiting the foregoing, CFHC may:

Use the PHI for analysis and trending of family planning services.

De-identify the PHI to create de-identified data.

Use the PHI for audit purposes related to Covered Entities' participation in the Family Planning Program.

Disclosure of PHI

CFHC may disclose PHI if necessary for the proper management and administration of the Family Planning Program or CFHC, provided that disclosures are required by law, or CFHC obtains reasonable assurances from the person to whom the information is disclosed that the PHI will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person agrees to notify CFHC of any instances of which it becomes aware or suspects that the confidentiality of the PHI has been breached.

CFHC may disclose PHI to report violations of law to appropriate public authorities.

CFHC may disclose aggregated data if there is no reasonable basis to believe it can be used to identify an individual.

Limitations

CFHC may not use or disclose PHI to identify or contact an individual.

CFHC may not re-identify any de-identified data.

CFHC may use or disclose de-identified data for purposes that do not violate this Agreement or the law.

Maintaining PHI

Appropriate Safeguards: CFHC agrees to use appropriate physical, technical and administrative safeguards to prevent improper use or disclosure of the PHI.

Reporting Improper Use or Disclosure: CFHC agrees to report to Covered Entity any actual or suspected improper use or disclosure of the PHI, within five (5) business days after CFHC first becomes aware of or suspects such use, disclosure or breach.

Mitigating Results of Improper Use or Disclosure: CFHC agrees to mitigate, to the extent practicable, any harmful effects that are known to CFHC resulting from any improper use or disclosure of the PHI.

Access to PHI by Third Parties. Except as required or permitted by law, CFHC agrees to ensure that any third party, including but not limited to its agents and subcontractors, to whom it provides or permits access to the PHI, agrees to the same restrictions and conditions that apply through this Agreement to CFHC with respect to such PHI.

Books and Records: CFHC shall make its internal practices, books and records relating to the use and disclosure of PHI available to any state or federal agency, including the U.S. Department of Health and Human Services, for purposes of determining compliance with the HIPAA Regulations.

Effect of Agreement. This Agreement will continue in effect so long as any PHI remains in CFHC's possession, custody or control.

Violation of the Agreement: If CFHC materially violates its obligations relating to privacy or security of the PHI, or if the parties cannot agree upon an amendment necessary for continued compliance with HIPAA, Covered Entity shall:

Provide an opportunity and specify a time limit for CFHC to cure the breach or end the violation; or

If cure is not feasible, Covered Entity may report the violation to the Secretary.

Effect of Termination:

If feasible, upon termination, CFHC will return or destroy the PHI in its custody or control and CFHC will retain no copies of such PHI.

If return or destruction of the PHI is not feasible, for so long as CFHC maintains any PHI, CFHC will extend all protections of this Agreement to such retained PHI and will limit further uses and disclosures of such PHI to the purposes that make return or destruction infeasible.

Indemnity

1. **Indemnification by CFHC**. CFHC agrees to defend, indemnify, and hold harmless Covered Entity, its officers, agents and employees from and against any and all claims, liabilities, demands, damages, losses, costs and expenses, (including costs and reasonable attorneys' fees) or claims for injury or damages that are caused by or result from the acts or omissions of CFHC, its officers, agents or employees with respect to the use and disclosure of Covered Entity PHI.

2. **Indemnification by Covered Entity**. Covered Entity agrees to defend, indemnify, and hold harmless CFHC, its officers, agents and employees from and against any and all claims, liabilities, demands, damages, losses, costs and expenses, (including costs and

reasonable attorneys' fees) or claims for injury or damages that are caused by or result from the acts or omissions of Covered Entity, its officers, agents or employees with respect to the use and disclosure of Covered Entity PHI.

Miscellaneous

Regulatory References. A reference in this Agreement to a statute, regulation, rule or law, will mean the statute, regulation, rule or law, as currently drafted and as it is subsequently updated, amended or revised, including any superceding statutes, regulations, rules or laws.

Amendment. The Parties agree to take such action as is necessary to amend this Agreement, from time to time, as is necessary to comply with HIPAA.

Assistance in Litigation or Administrative Proceedings. Each party agrees to make itself, and any subcontractors, employees or agents assisting it in the performance of its obligations under this Agreement, available to the other party at no cost to the other party to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings against the other party, its directors, officers, agents or employees based upon claimed violation of HIPAA, the HIPAA Regulations or other laws relating to security and privacy and arising out of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement.

California Family Health Council, Inc.	**Covered Entity**
By: _____	By: _____
Diane Chamberlain	
Chief Executive Officer	

Appendix C. FPAR Tables

For your reference, the following are the tables that CFHC will be completing with the data from the export file. Any fields that are not included in the monthly or quarterly export file will need to be reported as aggregate data at the end of year in Semi-Annual Progress Report tables.

Family Planning Annual Report Tables

Table 1 - Unduplicated Number of Family Planning Users by Age and Gender

Age Group (Years)		Female Users	Male Users	Total Users
1	Under 15			
2	15–17			
3	18–19			
4	20–24			
5	25–29			
6	30–34			
7	35–39			
8	40–44			
9	Over 44			
10	Total Users (sum rows 1 to 9)			

Table 2 - Unduplicated Number of Female Family Planning Users by Ethnicity and Race

Race		Hispanic or Latino	Not Hispanic or Latino	Unknown/ Not Reported	Total Female Users
1	American Indian or Alaska Native				
2	Asian				
3	Black or African American				
4	Native Hawaiian or other Pacific Islander				
5	White				
6	More than one race				
7	Unknown/not reported				
8	Total Female Users (sum rows 1 to 7)				

Table 3 - Unduplicated Number of Male Family Planning Users by Ethnicity and Race

Race		Hispanic or Latino	Not Hispanic or Latino	Unknown/ Not Reported	Total Male Users
1	American Indian or Alaska Native				
2	Asian				
3	Black or African American				
4	Native Hawaiian or other Pacific Islander				
5	White				
6	More than one race				
7	Unknown/not reported				
8	Total Male Users (sum rows 1 to 7)				

Table 4 - Unduplicated Number of Family Planning Users by Income Level

Income as Percent of the HHS Poverty Guidelines		Number of Users
1	100% and below	
2	101%–150%	
3	151%–200%	
4	201%–250%	
5	Over 250%	
6	Unknown/not reported	
7	Total Users (sum rows 1 to 6)	

Table 5 - Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status

Principal Health Insurance Covering Primary Medical Care			Number of Users
1	PUBLIC HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE		
2	PRIVATE HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE (sum rows 2A to 2C)		
2a	(OPTIONAL) COVERAGE FOR ALL OR SOME FAMILY PLANNING SERVICES		
2b	(OPTIONAL) COVERAGE FOR NO FAMILY PLANNING SERVICES		
2c	(OPTIONAL) COVERAGE UNKNOWN FOR FAMILY PLANNING SERVICES		
3	UNINSURED (NO PUBLIC OR PRIVATE HEALTH INSURANCE)		
4	Unknown/not reported		
5	Total Users (sum rows 1 to 4)		

Table 6 - Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)

		Number of Users
1	*Unduplicated number of users* with limited English proficiency (LEP)	

Table 7 - Unduplicated Number of Female Family Planning Users by Primary Method and Age

Primary Method		Unduplicated Number of Female Users by Age									Total Female Users
		< 15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	> 44	
1	Female sterilization										
2	Intrauterine device (IUD)										
3	Hormonal implant										
4	1-Month hormonal injection										
5	3-Month hormonal injection										
6	Oral contraceptive										
7	Hormonal/contraceptive patch										
8	Vaginal ring										
9	Cervical cap/diaphragm										
10	Contraceptive sponge										
11	Female condom										
12	Spermicide (used alone)										
13	Fertility awareness method (FAM)										
14	Abstinence										
15	Other method										
16	Method unknown										
No method											
17	Pregnant or seeking pregnancy										
18	Other reason										
Rely on male method											
19	Vasectomy										
20	Male condom										
21	Total Female Users (sum rows 1 to 20)										

Number of units of Emergency Contraception (EC) dispensed:	

Table 8 - Unduplicated Number of Male Family Planning Users by Primary Method and Age

Primary Method		Unduplicated Number of Male Users by Age									Total Male Users
		< 15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	> 44	
1	Vasectomy										
2	Male condom										
3	Fertility awareness method (FAM)										
4	Abstinence										
5	Other method										
6	Method unknown										
No method											
7	Partner pregnant or seeking pregnancy										
8	Other reason										
9	Rely on female method(s)										
10	Total Male Users (sum rows 1 to 9)										

Table 9 - Cervical Cancer Screening Activities

Screening Activity		Number of Users
1	Unduplicated number of users who obtained a Pap test	
		Number of Tests
2	Number of Pap tests performed	
3	*Number of Pap tests* with an ASC or higher result	
4	*Number of Pap tests* with an HSIL or higher result	

Table 10 - Clinical Breast Exams and Referrals

	Screening Activity	Number of Users
1	*Unduplicated number of users* who received a clinical breast exam (CBE)	
2	*Unduplicated number of users* referred for further evaluation based on their CBE	

Table 11 - Unduplicated Number of Family Planning Users Tested for Chlamydia by Age and Gender

Age Group (Years)		Number of users tested		Number of users with positive tests	
		Female Users	Male Users	Female Users	Male Users
1	Under 15				
2	15–17				
3	18–19				
4	20–24				
5	25-29				
6	30 and over				
7	Total Users (sum rows 1 to 6)				

Table 12 - Number of Gonorrhea, Syphilis, and HIV Tests

Test Type		Number of Tests		Total Tests
		Female	Male	
1	Gonorrhea			
2	Gonorrhea - Positive tests			
3	Syphilis			
4	HIV – All confidential tests			
5	HIV – Positive confidential tests			
6	HIV – Anonymous tests			

Table 13 - Number of Family Planning Encounters by Type of Provider

Provider Type		Number of FTEs	Number of Family Planning Encounters
1	Clinical Services Providers		
1a	Physicians		
1b	Physician assistants/nurse practitioners/ certified nurse midwives		
1c	Other clinical services providers		
2	Non-clinical services providers: nurses, health educators, counselors, social workers, others		
3	Total Family Planning Encounters (Sum rows 1 + 2)		

The Number of FTE's will need to be submitted by each agency independently. These rows can be blank.

Table 16: Special Populations

Table 16	Activities	Progress	Contract Requirements
1. Number of individuals to whom agency will provide family planning education and medical services as follows:	Homeless Individuals		
	Substance Using / Abusing Individuals		
	Individuals with disabilities		
	Limited English Proficiency Clients		
	Migrants		
	Total:		

Appendix D. Registration Form/Encounter Form Data Collection Recommendations

SAMPLE QUESTIONS - ETHNICITY & RACE **CDS REPORTING**

General Guidance

- o Ethnicity and Race must be asked as separate questions.
- o Place Ethnicity before Race so that Hispanic patients will know that their ethnicity has been captured. This may encourage them to also give a race.
- o For Race, include a "Decline to State" option. This will allow us to differentiate between those patients who decline to provide a race from any who are not asked the question.
- o Race should not be changed based on any pre-set rules, e.g. Hispanics automatically coded as White. Rather, the patient's self-reported race should be coded.
- o For Race, Title X guidelines discourage the use of a "More than one" category. Instead, you should allow patients to check all that apply. When entering into your system if you have only one Race field, you should include a code of "More than one" to capture these patients.
- o For Race, an "Other" option should NOT be used. If it is, the patient should be given room to describe his/her race, and the response should be coded in the PMS/EMR system according ot the Title X categories, e.g. "Russian" would be coded as "White."
- o Additional Race or Ethnicity categories besides the main categories specified by Title X may be included, e.g. "Japanese" and "Chinese." These races can be mapped by the CDS system to the main Title X categories, e.g. "Asian."
- o Ideally each question would match the options listed in your PMS/EMR system. If code numbers are used, they should also appear on the form, e.g. 01-Hispanic, 02-Not Hispanic.
- o Please contact the CDS Team if you would like additional assistance incorporating these questions into your data collection forms.

Sample Ethnicity Questions

1. Do you consider yourself to be Hispanic or Latino(a)? ___NO ___YES

2. What is your ethnicity?
   ___NOT HISPANIC/LATINO- A person **not** of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless regardless of race.
   ___HISPANIC/LATINO- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

3. What is your ethnicity? ___NON-HISPANIC/LATINO ___MEXICAN ___PUERTO RICAN ___CUBAN ___OTHER HISPANIC OR LATINO

Sample Race Questions

1. What is your race? *(check all that apply* OR *mark one or more* OR s*elect all that apply)*
   ___AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America, and who maintains tribal affiliation or community attachment.
   ___ASIAN: A person having origins in any of the orignal peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
   ___BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.
   ___NATIVE HAWAIIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
   ___WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
   ___DECLINE TO STATE

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2. What is your race? *(check all that apply* OR *mark one or more* OR *select all that apply)*
   ___AMERICAN INDIAN OR ALASKAN NATIVE
   ___ASIAN
   ___BLACK OR AFRICAN AMERICAN
   ___NATIVE HAWAIIAN OR PACIFIC ISLANDER
   ___WHITE
   ___DECLINE TO STATE

3. What is your race? *(check all that apply* OR *mark one or more* OR *select all that apply)*
   ___AMERICAN INDIAN OR ALASKAN NATIVE
   ___CHINESE
   ___JAPANESE
   ___KOREAN
   ___OTHER ASIAN
   ___BLACK OR AFRICAN AMERICAN
   ___NATIVE HAWAIIAN OR PACIFIC ISLANDER
   ___RUSSIAN
   ___MIDDLE EASTERN
   ___OTHER WHITE
   ___DECLINE TO STATE

4. What is your race? *(check all that apply* OR *mark one or more* OR *select all that apply)*
   ___AMERICAN INDIAN OR ALASKAN NATIVE
   ___ASIAN: ___Chinese ___Japanese ___Korean ___Other Asian:_____
   ___BLACK OR AFRICAN AMERICAN
   ___NATIVE HAWAIIAN OR PACIFIC ISLANDER
   ___WHITE: ___Russian ___Middle Eastern ___North African ___Other White:_____
   ___DECLINE TO STATE

General Guidance

- The primary method should reflect the patient's method status at the end of the visit. Therefore this information is best recorded on the Encounter Form/Superbill after any new method has been dispensed (not on an Intake Form with the status at the beginning of the visit).
- The primary method should reflect the most reliable method being used if the patient uses more than one. For male patients this may mean a code of "Rely on Female Method." For example, males who use condoms with a partner on the pill should be coded as "Rely on Female Method."
- Whenever possible, it is best to list the options in order of effectiveness, in order to facilitate the recording of the most reliable option.
- Whenever possible, it is best to include a separate list of options for males versus females, as the acceptable codes for each are quite different.
- Ideally each question would match the options listed in your PMS/EMR system. If code numbers are used, they should also appear on the form, e.g. 01-Female Sterilization, 02-Male Sterilization/Vasectomy, etc.
- Please contact the CDS Team if you would like additional assistance incorporating these questions into your data collection forms.

Sample Questions

Preferred option

1. Primary Birth Control Method (code most reliable method used by patient or patient's partner)

Female Methods:

___Female Sterilization
___Male Sterilization/Vasectomy
___Abstinence (includes no partner)
___IUD
___Hormonal Implant
___3-Month Hormonal Injection
___Oral Contraceptive
___Contraceptive Patch
___Vaginal Ring
___Male Condom
___Cervical Cap/Diaphragm
___Contraceptive Sponge
___Female Condom
___Spermicide Alone
___Fertility Awareness Method
___Other Method (includes withdrawal)
___None: Infertile/Same Sex Partner
___None: Pregnant
___None: Seeking Pregnancy

Male Methods:

___Male Sterilization/Vasectomy
___Abstinence
___Rely on Female Method
___Male Condom
___Fertility Awareness Method
___Other Method (includes withdrawal)
___None: Infertile
___None: Partner Pregnant
___None: Partner Seeking Pregnancy

Alternative option

2. Primary Birth Control Method (code most reliable method used by patient or patient's partner)

___Female Sterilization (F Only)
___Male Sterilization/Vasectomy
___Abstinence (includes no partner)
___Rely on Female Method (M Only)
___IUD (F Only)
___Hormonal Implant (F Only)
___3-Month Injection (F Only)
___Oral Contraceptive (F Only)
___Contraceptive Patch (F Only)
___Vaginal Ring (F Only)
___Male Condom
___Cervical Cap/Diaphragm (F Only)
___Contraceptive Sponge (F Only)
___Female Condom (F Only)
___Spermicide Alone (F Only)
___Fertility Awareness Method
___Other Method (includes withdrawal)
___None: Infertile/Same Sex Partner
___None: Pregnant/Partner Pregnant
___None: Seeking Pregnancy

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General Guidance

- o Be sure to follow the definitions for each special population as they are listed in the CDS Manual.
- o Ideally each question would match the options listed in your PMS/EMR system. If code numbers are used, they should also appear on the form, e.g. 01-Not Limited English, 02-Limited English Proficiency.
- o If a special population status is recorded by the clinician (e.g., on the Encounter Form), list an option for "Unknown" or "Not recorded". The default answer should NOT be "NO."
- o Please contact the CDS Team if you would like additional assistance incorporating these questions into your data collection forms.

Sample Questions for Limited English Proficiency

1. Do you need an interpreter? ___NO ___YES (Spanish: ¿Necesita intérprete para comunicarse en Inglés?)
2. Do you need our staff to speak to you in a language other than English? ___NO ___YES
3. Did you bring a friend or relative to help you understand English? ___NO ___YES

For a site where the dominant language spoken is not English (could be written in other language):

4. Are you comfortable speaking English? ___NO ___YES
5. Would you have difficulty here if clinic staff spoke only English? ___NO ___YES
6. Do you require translation if you need to communicate in English? ___NO ___YES

Note: Limited English Proficiency may also be assessed at intake and recorded in the system as:

7. Interpreter Required? ___NO ___YES ___NOT RECORDED
8. Limited English Proficiency? ___NO ___YES ___NOT RECORDED

Sample Questions for Homelessness

1. Do you consider yourself to be homeless? ___NO ___YES
2. Are you homeless or living in a shelter? ___NO ___YES
3. What is your current living situation?
   - ___OWN A HOME
   - ___RENT A HOME, APARTMENT OR ROOM ON A MONTHLY (OR LONGER) BASIS
   - ___PERMANENTLY LIVING WITH RELATIVE OR FRIEND
   - ___TEMPORARILY LIVING WITH RELATIVE OR FRIEND
   - ___SHELTER (HOMELESS SHELTER, TRANSITION HOUSE, RESCUE MISSION, ETC.)
   - ___HOTEL OR MOTEL ROOM
   - ___LIVING OUTSIDE/CAMPING
   - ___STREET
   - ___OTHER:_____

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Sample Questions for Migrant Worker Status

1. Do you consider yourself to be a migrant worker? (A migrant worker is someone who moves regularly to find work) ___NO ___YES
2. Are you a migrant worker or a dependent of a migrant worker? ___NO ___YES
3. Do you move regularly to find work? ___NO ___YES
4. Are you a seasonal or migrant worker? ___NO ___YES

Sample Questions for Disabled Patients

1. Do you have a physical or mental disability? ___NO ___YES
2. Are you disabled (physical or mental)? ___NO ___YES
3. Do you have a disability? *(select all that apply)*
   ___NONE ___LEARNING ___MOBILITY ___MENTAL ___HEARING ___VISUAL ___OTHER:_____

Sample Questions for Substance Abuse

1. Do you use drugs or alcohol in a way that hurts your health and causes problems in your life? ___NO ___YES
2. Do you have a substance abuse problem? ___NO ___YES
3. Do you abuse drugs or alcohol? ___NO ___YES
4. Has anyone told you that you have a drug or alcohol abuse problem? ___NO ___YES

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General Guidance

- ☐ This is a sample form that could be used by an agency doing manual data entry into the CDS system.
- ☐ If there are any items you are unable to track (e.g. certain special populations or test results), remove them from this form before using.
- ☐ Please contact the CDS Team if you would like additional assistance incorporating this form into your clinic procedures.

Med Rec #:_____ **Last Name:**_____ **First Name:**_____

Date of Visit:__/__/__ Gender: ❑ Female ❑ Male **Monthly Income:**_____ **Zip Code:**_____

Provider:_____ **Insurance:**_____

What is your ethnicity?
❑ Not Hispanic
❑ Hispanc

What is your race? ***(check all that apply)***
❑ American Indian or Alaskan Native
❑ Asian
❑ Black or African American
❑ Native Hawaiian or Pacific Islander
❑ White
❑ Client Declined to State
❑ Unknown/Not Collected

Do you need an interpreter? ❑ No ❑ Yes
Spanish: ¿Necesita intérprete para comunicarse en inglés? ❑ No ❑ Sí

Are you homeless or living in a shelter? ❑ No ❑ Yes

Are you a seasonal or migrant worker? ❑ No ❑ Yes

Do you have a physical or mental disability? ❑ No ❑ Yes

Do you use drugs or alcohol in a way that hurts your health and causes problems in your life? ❑ No ❑ Yes

Primary Birth Control Method (code most reliable method used by patient or patient's partner)

Female Methods:
❑ Female Sterilization
❑ Male Sterilization/Vasectomy
❑ None: Infertile / Same Sex Partner
❑ Abstinence (includes no partner)
❑ IUD
❑ Hormonal Implant
❑ 3-Month Hormonal Injection
❑ Oral Contraceptive
❑ Contraceptive Patch
❑ Vaginal Ring
❑ Male Condom
❑ Cervical Cap/Diaphragm
❑ Contraceptive Sponge
❑ Female Condom
❑ Spermicide Alone
❑ Fertility Awareness Method
❑ Other Method (includes withdrawal)
❑ None: Pregnant
❑ None: Seeking Pregnancy

Male Methods:
❑ Male Sterilization/Vasectomy
❑ None: Infertile
❑ Abstinence
❑ Rely on Female Method
❑ Male Condom
❑ Fertility Awareness Method
❑ Other Method (includes withdrawal)
❑ None: Partner Pregnant
❑ None: Partner Seeking Pregnancy

Test/Procedures Performed - Result

❑ Other reproductive health service or related preventive health service
❑ Pap Smear ❑ Normal ❑ ASCUS/LSIL ❑ HSIL/AGUS/Carcinoma
❑ Clinical Breast Exam ❑ Normal ❑ Referred for future evaluation
❑ Chlamydia ❑ Negative ❑ Positive
❑ Gonorrhea ❑ Negative ❑ Positive
❑ HIV ❑ Negative ❑ Positive
❑ Syphilis

Other Services
❑ Dispensed EC (do not mark prescriptions)

Visit Type:_____

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